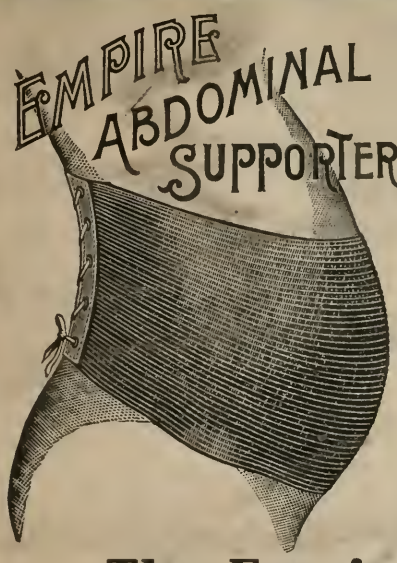

Superior to all others for the following reasons:

1st. It adapts itself to every movement of the body, giving strong and even support.

2nd. It produces warmth without irritation or sweating, as it is perfectly ventilated.

3rd. In pregnancy, corpulency, tumors or other cases of enlargement of abdomen, it supports weight of body from the backbone, relieving the sinews of their overwork.

4th. Its easy appliance (lace and draw on over head or feet).

5th. It is cheap, durable; it can be washed when soiled, proper care being taken to cleanse in lukewarm water and dry in shade.

In ordering give largest measure of the abdomen.

PRICES

8	inches	wide		$3.00
11	"	"		3.50
8	"	"	Silk Finish	4.50
11	"	"	" "	5.00
8	"	"	Double Rubber	3.50
10	"	"	" "	4.00
12	"	"	" "	4.50

The Empire Elastic Bandage

Specially Adapted for Varicose Veins

We invite the attention of the medical and surgical profession to the various merits combined in our bandages.

1st. **Its Porosity.**—The greatest in the "EMPIRE." It never causes itching, rash or ulceration under the bandage.

2nd. **Its Elasticity,** which will enable the surgeon or nurse to put it on at any required tension, and which will follow a swelling up or down, as the case may be, a feature unknown to any other bandage.

3rd. **Its Absorbent Properties.**—Greatest in the Empire.

4th. **Its Easy Application** to any part of the body, not being necessary to fold over, as with other bandages, as it follows itself with equal uniformity around any part of the abdomen.

5th. **Its Self-Holding Qualities.**—No bother with pins, needles and thread, or string, so tiresome to surgeons, as simply tucking the end under the last fold insures its permanent stay until its removal for purpose of cleanliness.

6th. The only bandage that is **Superior to the Elastic Stocking** for varicose veins.

Send $1 for 3-inch by 5-yard bandage on approval

The Empire Umbilical Truss

Is an Abdominal Supporter with Button Inserted at Navel

Is made of the same material and possesses the same merits as the Empire Elastic Bandage and Empire Abdominal Supporters, and it is pronounced by all who have seen it to be the best in the world. **All our goods are sent free by mail upon receipt of price, and money refunded if not satisfactory.**

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Infant, hard pad	$1.25	Infant, soft pad	1.50
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Index to Advertisers

Alkalol Co., The ... 43
Aloe & Co., A. S. ... 10-11
Ambulatory Pneumatic Splint Co. ... 68
American Maniken Co. ... 71
Anasarcin Chemical Co. ... 60
Anglo-Amer. Phar. Corp. ... 41
Anglo-French Drug Co. ... 14
Antidolar Mfg. Co. ... 40-74-75
Arlington Chemical Co., The ... 2nd Cover
Armour & Co. ... 3
Astier Laboratories ... 67
Battle & Co. ... 63
Bauer Chem. Co. ... 42
Bethlehem Laboratories ... 53
Borcherdt Malt Extract Co. ... 65
Borden's Condensed Milk Co. ... 43
Bovinine Co. ... 14
Brady & Co., G. W. ... 65
Bristol-Myers Co. ... 75
Breon & Co., George A. ... 63
Burnham Soluble Iodine Co. ... 71
Burt Co., Philo ... 61
Business Opportunities ... 40-42
Campbell Electric Co. ... 69
Campho-Phenique Co. ... 44
Carnick Co., G. W. ... 2nd Cover
Cavendish Chemical Corp. ... 46
Century National Chemical Co. ... 56
Chicago Phar. Co. ... 40
Columbus Laboratories ... 2
Columbus Pharmacal Co., The ... 72
Combs Chemical Co. ... 62
Consolidated Ptg. & Pub. Co. ... 40
Cook & Co., George C. ... 13-71
Corn Products Refining Co. ... 31
Crawford, M. D., David Agnew ... 57
Daniel, John D. ... 67
Delson Chemical Co., The ... 72
Dentinol & Pyorrhocide Co., The ... 71
Denver Chemical Mfg. Co. ... 4th Cover
Dionol Co., The ... 23
Drug Products Co., The ... 69
Empire Mfg. Co. ... 5
Eureka Co., The ... 75
Fellows Medical Mfg. Co. ... 1
Fischer & Co., H. G. ... 57
Fougera & Co., E. ... 41-50
French Lick Springs Hotel Co. ... 73
Giambalvo & Co. ... 38
General Electric Co. ... 35
Gering, Henry B. ... 68
Grape-Olo Co. ... 27
Hansen's Laboratory, Chr. ... 65
Harrower Laboratory ... 76
Henry Pharmacal Co. ... 1
Heyden Chemical Works ... 3rd Cover
Heyl Laboratories ... 4
Hillside Chemical Co. ... 54
Hollister-Wilson Laboratories ... 56
Hoosier Mercantile Agency ... 69
[illegible]cks Malted Milk Co. ... 75
Huston Bros. Co. ... 41
Illinois Post Grad. Tr. Sch. for Nurses ... 67
Johnson & Johnson ... 7
[illegible]oint Coffee Trade Pub. Co. ... 29
[illegible]atharmon Chemical Co. ... 62
Kellogg Toasted Corn Flakes Co. ... [illegible]
[illegible]ilgore, Chas. ... 20
[illegible]vori[illegible] Chemical Co. ... 4th Cover
[illegible]ltbie Chemical Co., The ... 30
McKesson & Robbins ... 45
Mead, Johnson & Co. ... 34
Medical Echo, The ... 40
Medical Herald, The ... 73
Mellin's Food Co. ... 18
Merck & Co. ... 74
Merrell Co., The Wm. S. ... 16
Micajah & Co. ... 36
Morneau Sav. Ther. Case Co. ... 25
Mosby Co., C. V. ... 66
Moyer & Co., C. B. ... 32
Mulford Co., H. K. ... 8
Nature Tread Mfg. Co. ... 51
New York Intravenous Laboratory ... 49
New York Pharmaceutical Co. ... 46
News Notes ... 18
Nichols, Herbert B. ... 40
North Shore Health Resort ... 75
Norwich Pharmacal Co. ... 15
Nujol Laboratories ... 46
Nystrom & Co., A. J. ... 73
Oakland Chemical Co. ... 55
O'Sullivan Rubber Co. ... 24
Owens Bottle Co. ... 59
Oxford Retreat ... 60
Parke, Davis & Co. ... 9
Pepsodent Co. ... 19
Pettey & Wallace Sanitarium ... 74
Physicians' Supply Co. ... 38
Pines, The ... 60
Platt, Henry B. ... 1
Plessner Co., The Paul ... 67
Pneumo-Phthysine Chemical Co. ... 48
Pond's Extract Co. ... 36
Postum Cereal Co. ... 21
Purdue Frederick Co., The ... 12
Quaker Oats Co., The ... 59
Quayle, M. D., Chas. H. ... 40
Ralph Sanitarium ... 40
Reed & Carnick ... 16
Robins Co., A. H. ... 50
Sanborn Co. ... 51
Sealy Mattress Co. ... 17
Schering & Glatz ... 12
School of Orificial Surgery ... 61
Sherman, M. D., G. H. ... 68
Smith, Martin H., & Co. ... 72
Spirocide Corp. ... 32
Standard Oil Co., of New Jersey ... 46
Stearns & Co., F. K. ... 26
Stearns & White Co. ... 22
Sterling Therapeutic Lamp Co. ... 73
Storm, M. D., Katharine L. ... 54
Tetra Co., The ... 75
Thompson-Plaster Co. ... 68
Thoro Corporation ... 33
Tilden Co., The ... 75
Tyree, J. S. ... 28
Ultimo Physical Co. ... 40
United Synthetic Drug Co. ... 72
Vass Chemical Co. ... 65
Victor Electric Corp. ... 37
Welch Grape Juice Co. ... 39
Westerfield Pharmacal Co., The ... 69
Western Supply Co. ... 34
Willows, The ... 74
Winthrop Chemical Co. ... 44
Wood & Co., Wm. ... 75
Woodlawn ... 75

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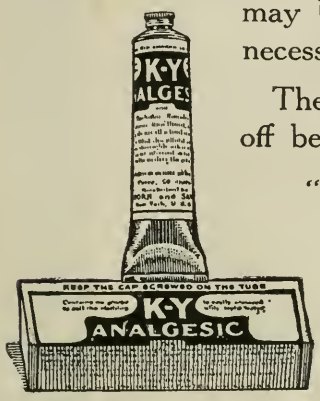
can usually be promptly relieved and often completely removed by the liberal use of

K-Y ANALGESIC

Rubbed in gently but thoroughly over the affected area, pain and ache soon yield to the sedative action of this safe and dependable local anodyne. Non-greasy, water-soluble and non-staining, K-Y Analgesic may be used as freely or as frequently as may be necessary to accomplish the result desired.



The previous application should always be washed off before applying the next.

"A safe, harmless remedy, that works most of the time"

Collapsible tubes at all druggists.
Samples upon request.

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Hot Weather Skin Irritations—

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Applied liberally to irritated or inflamed areas, the pronounced cooling and soothing action of this effective local remedy is at once manifest. Smarting, burning and itching are quickly allayed and local congestion is rapidly overcome. In fact, by its beneficial effects upon the skin, as well as by reason of its water-solubility, its absolute freedom from staining skin or clothing, its non-greasiness and the altogether unusual cleanliness of its character,

K-Y Lubricating Jelly
is an ideal emollient

It relieves itching and burning when most ordinary relief measures prove ineffective.

In collapsible tubes
Obtainable at all Drug Stores.
Sample on request.

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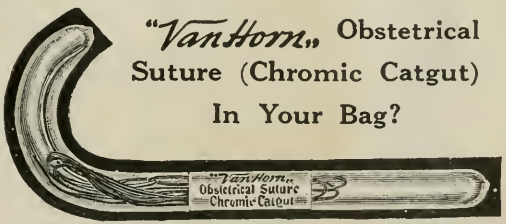
In Your Last Confinement Tear

What wouldn't you have given to have had a



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The *"VanHorn"* Obstetrical Suture (Chromic Catgut) is especially prepared to resist absorption in immediate perineal repair, in spite of the dissolving action of the vaginal secretions and lochial discharges.

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Obtainable from your dealer
No samples

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When the Mulford Laboratories made the first antitoxin that was produced commercially in this country, in 1894, the doses were necessarily very large and bulky, and one ounce glass stoppered vials were used as containers.

Early form of Antitoxin Container

NOW, as a result of research and long experience, we are able to produce refined and concentrated antitoxin, testing as high as 3000 units and more per Cc. Furthermore, rigid check tests for potency and sterility guarantee the strength and purity of the product.

The Mulford Laboratories were the first to introduce a piston syringe container for antitoxin, and the present perfected syringe gives you a most convenient sterile container, ready for immediate use.

Mulford Diphtheria Antitoxin

Purified and concentrated
High potency
Low total solids
Same density as the blood
Dosage and sterility guaranteed

The Mulford label is your guarantee of absolute reliability on Diphtheria Antitoxin and all other Biological Products.

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Adrenalin in Medicine

1—Its Physiological Action

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Adrenalin affects body tissues in a manner strikingly similar to the effect produced by stimulating the sympathetic nerve system. Thus, if the sympathetic nerves govern the contraction of certain unstriped muscle tissue, adrenalin, too, will contract it. If, on the other hand, the tissue in question is supplied with inhibitory impulses by this nerve system, adrenalin relaxes it.

These actions, however, are exerted neither through the medium of the sympathetic nerves nor directly upon the muscle fibres themselves. The receptive organs for these adrenalin impulses are the points of union of the sympathetic nerves and the unstriped muscle fibres—the myoneural junctions.

Probably the most important action of adrenalin is stimulation of the muscular coats of the arterioles. At first there is acceleration of the pulse rate, but the rise in blood pressure which results from vaso-constriction soon excites the vagus centre and as a consequence the heart-beat is slowed and strengthened. Besides this indirect vagus action, adrenalin stimulates the heart directly, thus producing more complete evacuation of the chambers. In large doses, however, adrenalin predisposes the heart to fibrillary contractions.

The stimulating action of adrenalin is exerted also on the dilator muscle of the iris (dilates the pupil); the muscular fibres of the uterus and vagina; the retractor muscle of the penis; the pyloric and ileocecal valves; the glycogenolytic function of the liver; the salivary glands and the glands of the mouth and the stomach.

Adrenalin relaxes the muscular walls of the esophagus, stomach and intestines. Also on the muscular coat of the bronchioles adrenalin has a relaxing effect, due probably to vagus stimulation.

PARKE, DAVIS & COMPANY

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This latest model, world-famous, genuine SPENCER Microscope, mechanically perfect, is an apparatus upon which you can absolutely rely for scientifically accurate results. Yet it is simple in operation, durable and substantial. Has every necessary fitting and appurtenance to equip you for the widest possible range of work—the world's greatest practical and complete microscope outfit. Fitted with 1 Achromatic Objective, 16 mm. (2-3 in.); 1 Achromatic Objective, 4 mm. (1-6 in.); 1 Achromatic Objective, Oil Immersion, 1.8 mm. (1-14 in.); 2 Huyghenian Oculars, 6X and 10X.

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We absolutely guarantee the lenses used in the SPENCER Microscope against deterioration for twenty years. We absolutely guarantee the instrument to be free from mechanical defects of any kind—and will replace any part free which proves defective within a period of two years. This guarantee has back of it the entire resources of a quarter of a million dollars of the Aloe Company, which for fifty years has built upon a foundation of square dealing the largest direct-by-mail medical and surgical instrument business in America

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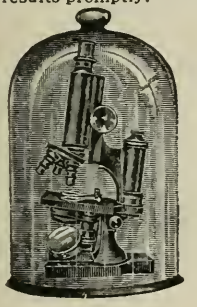

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We include free this handsome crystal glass bell jar with which to cover your microscope and protect it from dust, dampness or injury. It adds to the appearance of the instrument and strengthens the psychic impression made by the microscope upon your patients.

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1 Bottle Carbol-Fuchsin.
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1 Bottle Nitric Acid.
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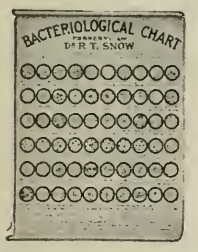

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This handsome chart shows enlargements in colors of the bacteria, so you can see exactly how they look. We print your name on it to identify it as YOURS.

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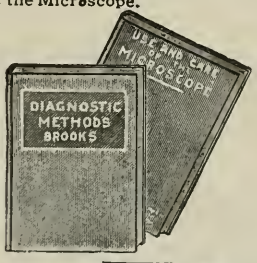
"Diagnostic Methods," by Herbert Thomas Brooks, M.D., A.B., and a copy of "The Use and Care of the Microscope."



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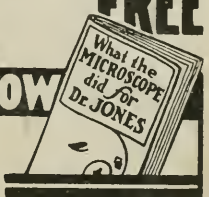

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heat depression—with its impairment of the appetite, digestive troubles, bowel disturbances, diarrheal disorders, nervous exhaustion, cardiac embarrassment and deranged functions—generally—can be effectively relieved and often prevented, by the use of

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Two to four teaspoonfuls in iced water or poured over cracked ice will not only greatly refresh invalid or convalescent patients to a gratifying degree, but its continued use will substantially increase the vital resistance. The effect on the appetite, digestion and assimilation, and prompt relief of nervous exhaustion, tells why so many physicians look on Gray's Glycerine Tonic Comp. as the ideal hot weather tonic.

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—Starkenstein, University of Prague

An authoritative scientific confirmation of our claim that Atophan can almost invariably be relied upon to act favorably.

Wherever there's Pain, Inflammation and Congestion.

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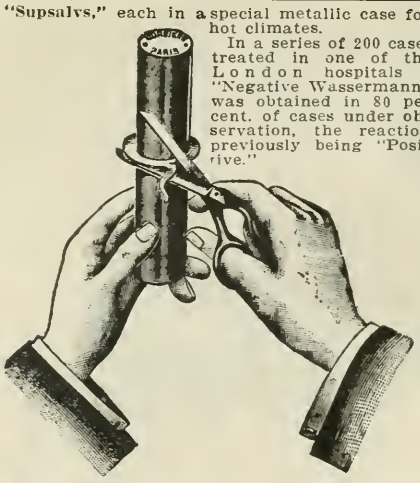
SUPSALVS | Stable Suppositories of "606" (OF FRENCH MANUFACTURE)

"Supsalvs," each in a special metallic case for hot climates.



In a series of 200 cases treated in one of the London hospitals a "Negative Wassermann" was obtained in 80 per cent. of cases under observation, the reaction previously being "Positive."

AND MERCURIAL INUNCTION

These Suppositories contain 0.10 grm. of "606" for rectal administration (also made with 0-03 gr. dose for children) in box containing 6.

Simple in Use. Rapid and Effective Absorption. Arsenic being found in the blood and urine 12 hours after administration.

Produce No Undesirable Effects

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This success is explained by the well-known experiment of Levaditi: "If living treponemas be placed in a solution of Arsenobenzol (606) they continue to live in it. But, if a trace of extract of liver be added to the mixture the treponemas are destroyed."

—Dr. Sabouraud, La Clinique (13-4-1913.)

As a result of numerous clinical experiments, Dr. Bagrov, of Moscow, has arrived at the same conclusion, and recommends the rectal method of administration of 606.

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Children's dose 3.50

The Combined Treatment of Syphilis with "Supsalvs" and "Mersalv" gives the best results.

"Mersalv" contains 10 per cent. metallic mercury, which by a special mechanical process is converted into the most minute state of subdivision possible. It is a non-greasy preparation, of pleasing odor, and cleanly in application, supplied in white china pots sufficient for 30 days' treatment.

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To the convalescent, young or old, BOVININE will bring its revitalizing qualities wherever prescribed

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Unguentine Cones

Small Suppositories, easily applied. Non-irritating and non-toxic. Not merely palliative but curative in a surprisingly large number of cases. Many patients refusing operation, may be greatly benefited by treatment with them.

They quickly allay itching and relieve the pain.

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Standardized Pharmaceuticals

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A powerful digestant for the successful treatment of all forms of indigestion.

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A combination of the principal endocrine glands, invaluable in all conditions of lowered vitality.

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A delicious food of high caloric value and vitamin content for nourishing the sick and convalescent.

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Proteogens meet a vital need in the treatment of a class of diseases in which ordinary methods of medication give merely temporary relief or have failed entirely.

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The American Journal of
CLINICAL MEDICINE
Dependable Therapeutic Fact for Daily Use

Vol. 27, No. 9 September, 1920

Clinical Medicine, the Practitioners' Journal

CLINICAL MEDICINE is the practitioners' journal in its essence. It is maintained for the benefit of the general practitioner; its pages are open to him for the expression of his views, and opinions, on anything that concerns physicians; it is supported by physicians and by those manufacturers and supply merchants who serve the medical profession. THE AMERICAN JOURNAL OF CLINICAL MEDICINE is yours, Doctor, to foster and promote—or to neglect, as you may elect.

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In like manner, the fact that CLINICAL MEDICINE is YOUR journal, entails a duty upon you that you may not shirk without harming yourself and others. First of all you owe it to yourself and to your journal to read it and to contribute to its reading pages. Do not be a sponge, always receiving and never giving up unless squeezed. Then, it is up to you to show your interest in your property by taking part in the discussions going on, contributing to the knowledge that we are trying to establish, and aiding in its exactness by objecting to incorrect statements where they have been advanced.

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Mind you, while we need those three iron men, or their bankable equivalent, to pay for paper, printing, mailing, and so forth, also to pay the office girl and, occasionally, buy a new typewriter, we want no less those payments in kind of which we were speaking.

Are you an active or a sleeping partner of CLINICAL MEDICINE? If the latter, for Pete's sake! Wake up and get busy!

Locke, whom there is no reason to suspect of being a favorer of idleness or libertinism, has advanced that, whoever hopes to employ any part of his time with efficacy and vigor, must allow some of it to pass in trifles.—Dr. Johnson.

ON CRITICISM

In transmitting his interesting paper (p. 628) on his method of treating chronic ulcers, Dr. E. A. Gross, of Olanchito, Honduras, requested us to ask the readers of CLINICAL MEDICINE to criticise his paper severely. For, only by being criticised may he learn more. The Doctor believes that we never are too old to learn more and that only the fool knows it all.

This attitude, while, of course, the only scientific and true attitude to take for the man who wants to grow and improve, is not as commonly held as it might be. Unfortunately, every form of criticism is often resented or accepted with such a bad grace that it is quite evidently not welcome.

However, while honest and constructive criticism is a good thing and always will be welcomed by every true scientist, every searcher after truth, the same is not true in the case of criticism that is presented merely for criticism's sake, that is destructive in its nature, that does not offer something better than that to which exception is taken.

Every honest man welcomes constructive criticism, for the reason that it usually is offered in a kindly spirit, with the sole purpose of suggesting improvement. Constructive criticism appreciates and commends the efforts made by the one who is being criticised and encourages further endeavor, further research and additional

accomplishments. Indeed, it points the way and, very often, makes possible a decided and material improvement.

Not so with destructive or ill-natured criticism. That is thrust upon us, dictated by an ungenerous spirit of negation, of invidious fault finding. Discouraging in its, often. sneering and disparaging form, it betrays the animus that engenders it as being usually ill-natured, even jealous, void of any honest desire for progress and improvement.

If we do criticise—and there are few things that are so perfect as not to be susceptible of some improvement—let it be honest, appreciative, constructive, with the sole view to bring about improvement. Let us eschew offering destructive criticism as cordially, as we would refuse to accept it ourselves.

We have all our playthings. Happy are they who are contented with those they can obtain; those houre are spent in the wisest manner that can easiest shade the ills of life, and are the least productive of ill consequences.—Lady Montagu.

A PROBLEM IN ECONOMICS

The other day, we received a letter from a physician, explaining why he had discontinued his subscription to CLINICAL MEDICINE. This letter contains some statements that must be called surprising, while others carry with them a lesson that it may be well to point out. For obvious reasons, we can give neither name nor residence of our correspondent, but must simply designate him as an American country physician. The doctor's letter is as follows:

"As to the reason why I discontinued my subscription to CLINICAL MEDICINE, I will state that it is altogether the H. C. L. I live in a village of about 1,000 inhabitants, and do a large country practice.

"Before I started this letter. I added my bank deposits for the past six months, which amounted to $4,056.54, or an average of $676.09 per month.

"I keep my wife furnished with change to pay all the grocery bills and incidentals which will amount to probably $100 per month or more. That amount does not show on my bank book. I have a wife and one boy to support. I own my home and my Ford. We live very economically, denying ourselves many things that we would like. My wife does her own milking and butter-making and all of her housework, except sending out part of the laundry every week. We raise our garden and all our chickens and eggs and put up our fruit at home. We stay at home and work all the time—no vacation for either one of us. Yet, I am not making enough to keep up expenses.

"I am wearing old clothes that have been discarded, and overalls and old shoes that I thought I never would wear again. I am wearing such things as I have always given to the niggers. I am discontinuing my medical journals, magazines and papers of all kinds as fast as the subscription expires.

"I know all the arguments against looking shabby and not keeping posted, and so forth, but, I am trying to break even this year. I paid $34.00 income tax last year on a practice that I did not make expenses on.

We, the doctors of this place, have our pre-war schedule of charges, $1.50 for town calls, about 75 cents per mile for calls in the country, $15.00 for obstetrics, and so forth. There is no charge for medicines.

"I am 52 years old. I have only got 8 more years till I have to go to the slab and take the chloroform (?). Those who have ever done any country practice know how I have to work to make $500.00 to $800.00 per month. About one-fourth of my time is given to charity.

"No fault to find with THE AMERICAN JOURNAL OF CLINICAL MEDICINE. It is the best that comes to my table, but I have got to kiss it goodbye for a time."

Now, here is a country physician who collects close to eight hundred ($800.00) a month. He owns his house; therefore, has no rent to pay. For the greater portion of his living expenses, he pays with actual work since his wife milks the cow, attends to the chickens, collecting the eggs by way of return, and takes care of the garden which supplies most of the necessities for the table. The expenses of the family, consisting of husband, wife and one son, seem to be almost entirely for medical and surgical supply, for gasoline, life insurance and other absolute necessities. At any rate, since milk, butter, eggs, chickens and garden truck all are produced at home, we fail to see how it is possible for the good wife to spend a hundred dollars per month or more on housekeeping expenses.

The more we study the doctor's economics, as outlined in this letter, the more we are puzzled. We simply are stumped, for, it is impossible to understand how a man can have a practice of about $800.00 a month, close to $10,000 a year, and not make his expenses, in the country. The fact that last year's income tax was only $34.00, suggests that there is an error in figures somewhere. An income of almost $10,000, even with exemption for wife and

one son, would call for a higher income tax than that sum.

However, there is one point on which we can comment forcibly and insistently and that is, that the pre-war schedule of fees for medical services, as it is still in force in the doctor's bailiwick, should be declared outlawed by all standards of living and existing conditions. A charge of $1.50 for a town call, $15.00 for attendance on obstetric cases, and other fees in proportion, under present conditions, is unheard of. Here, again, there appears a puzzling point, for, in order to collect about $800.00 per month, the doctor must be doing a tremendous amount of work at the fees that he charges.

At any rate, first of all, the fees charged in this and in all other localities throughout the United States should be amended in accordance with existing conditions. The physicians of each county should get together and establish a fee list by which it is possible to receive suitable and adequate compensation for services rendered. There is no reason why the doctor, whether he be in the city or in the country, should persist giving service at the rates that were in force ten and twenty years ago, in view of the fact that living expenses have increased one hundred percent and more. In justice to himself and, even, in justice to his patients, he should insist upon proper payment for his services.

When ancient opinions and rules of life are taken away, the loss can not possibly be estimated. From that moment, we have no compass to govern us; nor can we know distinctly to what port to steer.—Burke.

THE REQUIREMENTS OF MEDICAL SCHOOLS

For reasons that are self-evident, the subjoined letter, received recently by us, is reproduced exactly as it is written. It may be said in advance that the letter itself carries its own refutation. It proves the necessity of stringent educational requirements for men, and women, desiring to enter the medical profession. Also, it argues (without the writer's intention) in favor of better education, both, premedical and medical.

The writer's contention, that two full terms of study, in the past, made good physicians, can not be supported by facts. The good physicians of one and more generations ago were such not because of but despite the lax requirements. Many graduates of those old medical colleges fell by the wayside, many sought other occupations, many (more's the pity!) "practiced medicine," rather indifferently and not to the benefit of their charges. Relatively few became really efficient practitioners, because they had it in them and acquired learning and knowledge, through bitter experience and much hard work.

At the present day, when so much more is actually known than formerly, and when —what is far more important—we have a far better insight as to what little we really know and how much we have to learn, it can not be said that the four-year and five-year courses now required are excessive. If we consider the demands made upon candidates for academic honors in medicine, in our South-American sister republics (this journal, August, p. 553), we must confess that our requirements fall below those enforced elsewhere. And, yet, we opine, in our smug self-complacency, that nothing better ever has happened than our own splendid acquirements. Let us learn from those others. And, above all, let us not go back to the dark ages; rather, let us go on, always to better things; ever striving to accomplish more and, that, of superior quality.

However, our correspondent desires the floor. Although we freely grant him the privilege to be heard, we must say, from the start, that his position is not tenable. The letter follows:

"I wish to Ask throug Clinical Medison What, the Medical Colledgs, Are Going to doe In Regard to young men Wishing to study medicine. The Requirmints of the Medical Schools, Are So Rigud now the young men of common means cant tend Medical Schools. the Requirmints places, All the advantiags in the hand of, A Rich mans son 4 year course 6 years Befor A young Doctor can expect to earn a dollar. Six years of study euquils $6000. Dollars. I dont know of a medical studan any whar on account, of the rank requirmints, if the medical schools, if they dont, chaing. So as to give the avirig young man a chance to study for the medical profeshion in 10 years thear will be but few M. D. We will hav mesurgers, chiros, christin cients for our physicians & surgeons. When We had the privilidg of graduating in 2 years full turm, young men studed medicine, Mad good practitiones and fine surgeons, As good as they schools turn out today. After 2 ful courses and 2 or 3 years General practice We now hav. Post Graduating Schools for practition-

ers, To renew ther studies in Clinical Medicin and Surgery, I know young men since the war wanted to take up the Study of Medicine, But after consulting with Medical Men and finding. Out the long time, And, Caust of fees, Books Instruments, to prepair for Practice, they would give up the Idea, of, Studing for the Practice of Medicine Can Doe bettor for much less Caust. So I dont, Think We Can ixpect none But the Verrey Rich Dads to Give thear Sons, the Advantag of a Medical Education. I hav 2 Sons Would Study Medicin, But the 6, years of, Being euquil to $7000,) Dollars, Debars them As Well as thousands of others, I think the time should be chaing, So as To Give all young men a chance, of his Desired profishional life."

—

Surely, nothing need be added to this letter which shows a deplorable lack of education. Yet, a good general education would seem to be an essential condition for the successful study of medical sciences.

Anxiety is the poison of human life. It is the parent of many sins, and of more miseries. In a world where everything is doubtful, where you may be disappointed and be blessed in disappointment, what means this restless stir and commotion of mind? Can your solicitude alter the cause or unravel the intricacy of human events?—Blair.

A NEW TREATMENT FOR LEPROSY

Although we of the United States, fortunately, are almost entirely free from leprosy, which, though, occurs with some frequency in the Philippines, any method making it possible to cure this terrible affliction must be of general interest.

In the *Health News*, issued by the U. S. Public Health Service, there recently was an account concerning a new treatment for leprosy which has, so far, given very satisfactory and encouraging results. The remedy in question is obtained from chaulmoogra oil.

It is reported that the Public Health Service enlisted the cooperation of Prof. L. E. Dean, head of the chemical department of the College of Hawaii, and president of that institution, suggesting that attempts be made either to isolate the active constituent of this drug, or to devise means for making its continued administration feasible. The latter has been accomplished by preparing what is known as an "ethyl ester" from the chaulmoogra oil. The treatment has been carried on at the Leprosy Investigation Station, at Kalihi, Hawaii, the work being directed by Dr. J. T. McDonald, director of the station. The results of the treatment, thus far, have been so satisfactory that lepers come willingly for treatment, a recent inspection by Hawaiian health authorities failing to disclose a single secreted case of leprosy. Following a course of treatment, extending over about a year, 48 lepers, treated according to the new method, were paroled in October, 1919. Up to now, they have remained free from disease. At the present time, the treatment has been administered only at the receiving station, but it is hoped to provide facilities for the treating also of lepers in the leper colony at Molokai.

In this connection, an account of Dr. C. G. S. Baronsfeather, in a recent issue of *"Mercy and Truth"*, published by the Church Missionary Society, London, is of interest. This probably deals with a similar remedy. Doctor Baronsfeather, speaking of a new remedy for leprosy, says that it was suggested by Sir Leonard Rogers, C. I. E., Professor of Pathology, Medical College, Calcutta, after consultation with Victor Heisser, M. D., an American doctor, whose researches in the Philippines had met with a measure of success. A professor of chemistry was then called in and, after many experiments, a powerful extract of chaulmoogra oil was prepared. This is given in the form of tablets up to twenty a day for five days a week, and is followed in the other two days by subcutaneous or intravenous injections of sodium gynocardate A. [Sodium gynocardate A is the salt of sodium and gynocardic acid. The latter is obtained from chaulmoogra which is gynocardia odorata.]

INVESTMENTS, GOOD AND BAD

We commend to our readers the article by Dr. C. R. Marshall which is published elsewhere in this number of CLINICAL MEDICINE. This article is filled to overflowing with good advice. It is conservative, and it shows the doctor how he may invest his money in such a way as to get a high return with a fair assurance of safety. Of course, it does not insure him against loss. The most promising investment of today may be a very poor investment a year from today. Ten years ago, the stock of the Peoples Gas Company, of Chicago, was looked upon as being almost as safe as the bank of England, and much more profitable; yet, now it is selling for one-third its

former value, and pays no dividends. The prudent man will diversify his investment. The old adage, "Don't put all your eggs in one basket," is mighty good for the man who is salting down the earnings of his fruitful years.

At the present time, with a rapidly falling market, and business conditions unsettled as a result of the war and world-wide social unrest, stocks are not considered, as a rule, a very favorable form of investment; still, this rule has exceptions. For instance, the preferred stocks of many industrial and public-utility concerns and railroad companies can be bought at prices which will insure high yields for years to come. All things considered, however, bonds are best at the present time. They are selling at prices which bring higher interest yields than they have brought since the Civil War. If the company issuing them is one which has years of efficiency and profit-making behind it, it is safe to expect that it will weather the storms of the reconstruction period. Bonds of such American companies are good investments today—the best in the world.

May we be indulged for making the following suggestion: Doctors should not only avoid unknown and new companies or the securities of nonessential industries, but, rather, they should purchase the securities of industries of which they have knowledge through personal contact. If you have dealt, for years, with some industrial concern, and you know it to be "on the square," think of that concern when you have a little money to spare.

We do not agree with Doctor Marshall's sweeping advice to buy only listed securities. The bonds of the great corporations now being issued are in the main unlisted, and are distributed through banks, trust companies and bond houses. Some companies, such as the Franklin Automobile Company, and The Abbott Laboratories, are selling their securities direct, thereby saving the large commissions charged for their flotation.

Every doctor should get the habit of making investments. It may be that it will pay to buy real estate or invest in farm mortgages, but, assuredly, he should have some of his money in liquid securities—meaning, bonds. These can be disposed of any time; for, when opportunity knocks at the door, it is very, very comforting to know that one has a fund to which he can turn to supply him the wherewithal for the venture. And, it's going to be mighty convenient to be able to clip coupons and turn them into the bank just when you need the money in the days of "hard times" that are assuredly coming.

It is not work that kills men; it is worry. Work is healthy; you can hardly put more upon a man than he can bear. Worry is rust upon the blade. It is not the revolution that destroys the machinery, but the friction. Fear secretes acids; but love and trust are sweet juices.—Beecher.

RICKETS AND HOUSING

The etiology of rickets, says *The Medical Times* (Lond.) for June, has of late years attracted considerable attention, and several experimental researches have been carried out with a view to solving the problem. The older theory that the disease was caused by a defective dietetic régime, while not absolutely discarded, has assumed a secondary importance, and there is a fair amount of evidence to support the contention that rickets is mainly due to bad housing conditions. Leonard Findlay, of Glasgow, has done much pioneer work in this connection. In an article which appeared in the *Glasgow Medical Journal*, May 1918, he relates that, during the years 1912, 1913 and 1914, he conducted a statistical study of the dietetic and home conditions of 500 rachitic children and came to the conclusion that the chief factors in the production of the disease were, overcrowding of the home and insufficient exercise in the open air. In conjunction with Noel Paton and Alexander Watson, he made some experiments on puppies, the results of this investigation being reported in the *British Medical Journal* for December 7, 1918. It was found that pups kept in the country and freely exercised in the open air, although they had actually a smaller amount of milk fat than those kept in the laboratory, remained free of rickets, while the animals kept in the laboratory all became rickety. Dr. J. Lawson Dick, in his small book, "Defective Housing and the Growth of Children" (Lond.: George Allen and Unwin, Ltd., p. 94) pleads strongly in favor of this theory. He says: "Deficiency of food and errors in dieting will aggravate rickets, but no diet, however efficient, will prevent the occurrence of rickets if the child is brought up under

slum conditions." He points out that, in Italy, South Africa, and Australia, where there is abundance of sunshine and life is much in the open, rickets does not develop, though the conditions as regards feeding are often very defective. There is no racial immunity. Italians in the slums of London and of New York suffer severely from rickets, though both the quality and the quantity of the food are much better than they would be in their own country. Australia is beginning to develop rickets in proportion as the towns grow in size and density of location. A mild form of rickets is fairly common among the children of wealthy parents, where the feeding of the child is beyond reproach, and malt and cod-liver oil form one of the staple articles of diet. These children are thought to be delicate and they are accordingly pampered in closed rooms and deprived of proper air and exercise. The weight of evidence shows that defective housing and overcrowding and the slum conditions under which the children live, with the loss of fresh air, sunshine and exercise which these conditions curtail, are the essential factors in producing rickets.

Every year of my life I grow more convinced that it is wisest and best to fix our attention to the beautiful and good and dwell as little as possible on the dark and the base.—Cecil.

WHAT OF THE ENDOCRINES?

What may we expect the endocrines to do for human-kind, to cure its ills? The final answer is not yet ready. But, this is not saying that nothing is known of them. Nor is it saying that they are new. They are new only in the sense that we see them more clearly in the light of present learning. The ancients glimpsed it. They used the organs of various animal species remedially. Their conceptions, to be sure, were ludicrous. But, is it not remarkable, with their limited intelligence and no beacons to guide them, that they came so near to grasping the great fundamental idea?

For many, the prospect is alluring, absorbing. Visionaries we may call such people; but, not scornfully. Their prescience may be common to all a decade hence; their views the views of all. At any rate, we find some of the best minds in the medical profession deeply interested in the therapy of the endocrines, claiming much. We are told that they are the keys to virility, to benign instincts, to hale old age, to personality.

In practice, even now, much can be accomplished with such facts as we possess. Quite surprising results are reported with the glandular extracts given singly or combined, though experiment may be necessary to arrive at the proper prescription and success depends largely on the correctness with which they are applied to special cases; this, in turn, promises a knowledge of the ductless glands and their secretions, with recognition of the syndromes signifying dysfunctions.

The history in many cases will furnish indications. Proneness to hernia and varicosities makes us suspect an adrenal fault, and memorable shock early in life indicates dysfunction of the thyroid. A tendency to tonsillitis suggests hyperthyroidism. Intratemporal headaches point to pituitary trouble. The white line of Sergent helps to lead us aright. It is produced by stroking the surface of the thorax with the palmar aspect of the finger. Normally, when this is done, a pink line shows. If one elicits a white line with no pink coloration, it is probably due to lack of adrenal secretion.

Besides, the practitioner has featural signs to go by. The skin is rough and harsh in subthyroidal states, the eyebrows are scanty and the hair so dry and brittle that there is constant loss in the combing. In pituitary dysfunction, on the other hand, we have hirsute features. A woman with undeveloped incisors usually has a minus ovarian condition. Teeth showing dark markings, with a pigmented skin, bespeak adrenal hypersecretion. Puffy malar prominences, with fine capillaries giving appearance of a constant flush, may indicate a subthyroidal state. The eye may reveal exophthalmic goitre in its incipiency. A bright, alert and prominent eye, in a woman between fourteen and twenty-four, is suspicious when she complains of morning fatigue and headaches. In view of its seriousness, it is vital to recognize its involvement early, when ovarian extract, its endocrine antagonist, may be given with hope of stopping its advance.

An index to the endocrine condition of a patient is, his reaction to test doses of a

glandular extract. For example, a marked sensitiveness to thyroid extract, as denoted by nervousness, irritability and tonsillar trouble after a few doses, suggests an already fully functioning of this gland. The pilocarpine test may aid. If injection of the usual dose of this drug causes a profound effect (vagotonia) it may be inferred that the patient has either (1) adrenal deficiency or (2) hyperaction of the pituitary.

He who exhibits no faults is a fool or a hypocrite, whom we should mistrust. There are faults so intimately connected with fine qualities that they indicate them, and we do well not to correct them.—Joubert.

PRIORITY IN RESEARCH

We have in our midst the eminent experimental surgeon, Dr. Serge Voronoff, of Paris, who acquired notoriety, a few months ago, through an operation for transplanting "interstitial" glands, through which the disadvantages of advancing age might be postponed. Doctor Voronoff's announcement, at the time, created a great deal of newspaper talk, while the medical press was somewhat reticent, largely owing to the fact that Doctor Voronoff seems to have preferred publishing his work in the newspapers rather than in medical journals, as would have been proper.

At the present time, Doctor Voronoff is touring the United States for the purpose of announcing his "original" work to American physicians.

In Clinical Medicine for July (p. 474), Dr. B. Sherwood-Dunn, in his "Letters From France", dealt with the subject of Doctor Voronoff's investigations. The same issue of Clinical Medicine contains, among the leading articles, a statement by Dr. G. Frank Lydston, of Chicago, on "The Socalled Interstitial-Gland Implantation". It becomes evident, from Doctor Lydston's remarks, and can be demonstrated by reference to literature, that our American colleague and townsman, Doctor Lydston, actually was the first to do this particular operation which Doctor Voronoff claims as his own. It is hardly thinkable that Doctor Voronoff should have had no knowledge of Lydston's work, since this was published in both volumes of the *New York Medical Journal* for 1914, and in the first volume of the same journal for 1915. The very first report had appeared in the *Bulletin of the Chicago Medical Society,* for March 7, 1914, and, while this particular publication may have escaped Doctor Voronoff's attention, it is certain that the *New York Medical Journal* was accessible to him.

As for contributions to medical literature from Doctor Voronoff himself, we find, in the *Index Medicus,* reference to a communication on "Ovarian Grafts" made to the International Congress of Medicine, held in London, in 1913. In *Médecin Pratique* (Paris, 1914, Volume 10, p. 106), there is an article by the same author on grafting the thyroid gland of the monkey in a child affected with myxedema.

The work reported to the Medical Congress, in London, was purely experimental, while Doctor Lydston's work, in 1914, was clinical and consisted in an actual operation done by the author on himself and described fully.

While we have no quarrel with Doctor Voronoff for the very interesting experimental work that he is doing, one can not but receive an unpleasant impression from the method that he has adopted. Ignoring the work, actually prior in its scope and importance, of an American surgeon who certainly is well known and not without honor in his own country, claiming this work so fully and unconditionally as originally his own, and pretending to teach American physicians who have been cognizant of the method for years, savors more of the methods of medical men belonging to a certain other nation than either the Russian or the French. We can understand the egotism that is inevitably associated with important experimental work. We can not, however, condone the failure to pay tribute to work done in similar lines by other investigators, especially if that work is as important and as new as is that of Doctor Lydston. Medical men who are at all familiar with their literature will hardly be attracted by Doctor Voronoff's methods, even though his method, undoubtedly, is of interest.

FRANK CRANE'S APPRECIATION OF GENERAL GORGAS

In last month's issue of Clinical Medicine we reproduced an appreciation of the

late General Gorgas, from the *Journal of the American Medical Association.* Soon after the passing away of this great man, a layman, Dr. Frank Crane, wrote, as one of his remarkable little essays published daily in the *Chicago Daily News,* the following which deserves a more permanent home than the columns of a daily paper. Doctor Crane's article follows:

"A great soul has passed.

"William C. Gorgas is dead.

"There will be no flags at half-mast everywhere and every door hung with crepe and funeral services in all churches, as there would be if we understood what greatness is.

"For, this man was greater than kings. He outranks Napoleon, Charlemagne and Tamerlane.

"In the country whither his soul has gone, he is received with more honors than any czar, sultan, nabob or emperor, for, they, in that country, know the real worth of men.

" 'The boast of heraldry, the pomp of power and all that beauty, all that wealth e'er gave' mean nothing to the eyes that have been cleared by death.

"They have but one test of greatness, service.

"In their Hall of Fame is inscribed in gold and fire:

" 'If any man would be greatest among you, let him be servant of all.'

"That is the claim of this man to magnificence, for, more than any man of his generation, he is a type of the new hero, the twentieth-century noble, the conqueror, the true aristocrat, servant of all.

"He was not called great. He was great.

"His honor comes to him, not from his position or from his possessions, but from his work.

"He was not elected to anything. He was selected, chosen for his ability, and he did that whereunto he was chosen.

"His army uniform was but the key to opportunity, for, he was of a greater army.

"He was generalissimo in the war against the real enemy of mankind—King Microbe, whose realm is Dirt.

"His victories in Havana, Guyaquil, Africa and Panama were a hundred times more significant to the human race than Thermopylæ, Waterloo or Gettysburg.

"His soldiers fought not with pomp and circumstances, flags and thundering drums, but in the silent laboratories they grappled with chemic formulæ, in stagnant pools and dismal swamps they waded with ash can, larvacide and fumigant. Their wounded died not on grandiose battle fields but passed out unnoticed in fevered torture upon hospital cots.

"But, the ash can dripping carbolic acid ranks as a savior of civilization with the tank; the petroleum sprayer dealing death to the pest-bearing mosquito means even more to the life of the nations than the soixante-quinze; the man with the test tube, the serum and the germicide deserves the cross of merit even more than the man with the airplane, the submarine or the machine gun.

"For, the deadliest enemies to humanity are not the shedders of blood but the corruptors of blood.

"History will record that upon, the Fourth of July, 1920, there died a greater than Foch, or Pershing, or Haig, though they were great.

"For, what went ye out for to see, in your procession and festas and roaring crowds? A reed shaken by the wind? I say unto you that no kind of man that is born of woman is greater than the kind and class to which belonged William C. Gorgas."

It is nearly an axiom that people will not be better than the books they read.—Dr. Potter.

SHOULD CHILDREN SERVE AS SCAVENGERS?

Printers' Ink for June 17th (page 137) refers to the fact that school children, in the city of St. Louis, collected 566 tons of waste paper in the course of seven months.

Some years ago, we discussed a proposal that had been made to a similar effect in Chicago, namely, that the school children should be encouraged to take part in the "clean-up" movement that had been fostered throughout the city, especially in the resident portions. We discussed on that occasion the inadvisability of employing children for this kind of work. It is a well-known fact that children are relatively more susceptible to bacterial infection than are adults and that they are more prone to acquire infectious diseases from contact with unclean material. While it is wholesome for children to play in the sand or with garden earth, the dirt that they handle

should be "clean dirt." It necessarily entails a certain risk for them to manipulate the contaminated and infected filth that collects in the alleys and streets of a large city, especially in the more closely populated portions.

It is a general thing for children to scratch, cut or bruise their hands, stub their toes and acquire various wounds in the course of their games and peregrinations through streets and alleys. If they deliberately handle the material that is always infected, the danger of serious infections, which in worst cases may mean tetanus and cerebrospinal meningitis, is tantamount to exposing the children needlessly to grave danger.

We protest against the habit of employing the children as unpaid scavengers. Let the cities hire men who are physically capable of doing that kind of work without the harm that is likely to accrue to the children.

The writings of the wise are the only riches our posterity can not squander.—Landor.

IS THE LAST THE BEST?

The other day, we received a catalog of the Oxford Medical Publications that were published in 1919. It has frequently been our privilege, and also our pleasure, to review books gotten out by this publishing house, whose medical works are remarkable for their excellence, not only as to text but also as to the mechanical make-up.

What strikes us particularly in this present catalogue is, that the publishers differentiate between books issued before the war and those published between 1914 and '18; and, finally, those issued in 1918. They say:

> "Attention is called to the fact that such a differentiation is an effort to conform to the American standard of criticism that seems to be that 'the last is best.' The British School hesitates to subscribe wholely to such a standard.
>
> "Some of the greatest monuments of British Medicine are pre-war products. Nevertheless, if such a line is to be drawn through medical publications, we feel that it should be for the actual date of authors' writing and not for reprinting."

At a first glance, these remarks seem to contain merely a bit of British sarcasm at the expense of their American colleagues. Yet, we ask—Is is not in some way rather a justified reproach than an ironical dig? No one knows better than the Editor of a medical journal how absolutely and hopelessly we are devoted to "the latest thing." Every mail brings requests from physicians desiring information concerning "the latest book" on this, that and the other topic. Most medical men, at least in this country, turn up their noses at publications that bear dates even as recent as 1912, 1910, not to speak of anything in the 19th century.

If, then, we must agree to a certain extent that the reproach of our British cousins is justified, we nevertheless wish to record that there are numerous physicians in this United States of ours who know how to value and to appreciate the classical and notable books and monographic treatises of authors who wrote long before the commencement of the present century. Indeed, in recent years, their number is growing, for, there has developed a fondness for "old books," even in matters medical, on the part of those who do not only wish to know the latest results of ultramodern investigations but who desire to learn the processes through which these investigations have passed; who desire to follow them and trace them through their various stages and phases. To mention but one or two instances, Trousseau's "Clinical Medicine," the English version of which was issued by the New Sydenham Society of London, in 1868, still is appreciated and valued, in accordance with its unusual merit, by a great many physicians. Von Ziemssen's "Cyclopedia of the Practice of Medicine," the American edition of which bears the date 1874, is consulted by medical students with historical leanings. Such classics as the important writings of Virchow, those of Lister, of Addison, of the notable French clinicians, of Benjamin Rush, Jackson, Flint, Bigelow, Osler, Holmes, Da Costa, never will become old. They will not even be out of date, even though their teachings may have to be modified and amended in accordance with the new discoveries and acquirements.

It is a pity that the reproach made to American physicians by publishers of the Oxford Medical Publications is deserved to a certain extent. Still, it is a good sign that those among the American physicians who actually are readers, are learning more and more how to appreciate that which is good and meritorious, without any reference to the date of its birth.

Leading Articles

The Hydromineral Treatment of Diabetes

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IN medicine, observation always has preceded science. Various therapeutic procedures based upon observation are employed, today, in their essentials, which modern discoveries were bound to justify, and to substantiate.

Science and observation, thus, must march side by side for the establishment of the treatment for any affection whatever. Today, science gives the leading idea while observation applies the rules that science has determined. It is necessary to know what you do and why.

In contemporary science, it is the indications based upon pathogenesis that must furnish the leading ideas; pathogenic therapeutics would be without a rival if the pathogenesis of all diseases were known. However, frequently enough, that is unknown, at least as regards the majority of chronic diseases. Pathogenesis varies according to the ruling theories. Such as it is, it rather is a question of doctrine than of facts. Certain links of a chain of morbid symptoms are picked out and reunited by an artificial connection, namely, that of reasoning. It is as if an architect attempted to reconstruct an edifice of which he knew only a few of the materials, while being ignorant of the plan of the whole. The practitioner, disconcerted by the instability and the want of success of therapeutic procedures based upon this unsteady pathogenesis, holds fast to the experiences of the past, and nobody can blame him for it.

However, there is a procedure that, in a certain measure, makes it possible to relieve the difficulty, and that is, in case of an affection for which it is desired to establish the treatment, to be in possession of a certain number of very stable facts, being careful not to condense them into theory, but, rather, to treat each one according to its merits, taking into account the experience of the past and the knowledge of the medicinal agents, also their action upon those pathogenic factors the existence of which has been established. It is this method that we shall follow in order to establish the hydromineral treatment of diabetes.

I. The Therapeutic Indications

There are no less than about twenty theories as to the pathogenesis of diabetes, all of which serve for the support of different forms of treatment. We shall consider but three of them, namely, the pancreatic theory, the theory of overproduction and the theory of insufficient utilization.

The pancreatic theory is based upon indisputable facts, but it may be applied only to a restricted number of cases and does not suggest any direct treatment. In any case, this form of diabetes is not relieved by the hydromineral treatment.

As to the other two theories, according as one adopts the one or the other, it will be found to lead to therapeutic procedures that are essentially different.

In case of the theory of overproduction, the leading idea would be, to reduce the function of glycogenesis, which would mean a sedating treatment. Following the the-

ory on nonutilization, it would, on the contrary, be necessary to increase the organic metabolism, which would correspond to a stimulating therapy. The necessity of selection presents itself if one desires to establish a rational treatment, since, as I have just said, the two measures lead to contradictory therapeutic measures.

How, then, shall we proceed in order to arrive at a decision between the two theories? Leaving aside the arguments presented by their partisans in support of each of them, we shall inquire in what manner the organic exchanges take place in diabetes, and it is according to the result of this inquiry, that we shall institute our therapy, treating, thus, a general state of nutrition, that is, exact conditions, instead of considering theoretical conceptions.

The determination of the organic exchanges in diabetes permits us to separate five different facts.

1.—There is, first of all, an increased activity in the general exchanges and particularly of the nitrogen metabolism. Being a large eater, the diabetic eliminates more total nitrogen and urea than a healthy individual and he utilizes his nitrogen better, the coefficient of nitrogen utilization being raised to 87 percent instead of being at 80 to 85.7 percent.

2.—Despite this increased metabolism of nitrogenous substances, the organism does not lose any of its power of oxidizing the nonnitrogenous substances since it oxidizes benzol and lactate of sodium with as great intensity as the normal individual; moreover, the respiratory exchanges likewise are as high as in physiological conditions, and in certain cases, even present a tendency to being increased.

3.—Oxyhemoglobin ordinarily is present in the highest normal quantities and, indeed, sometimes passes beyond them. It was found that the blood of animals with experimental diabetes possessed a particular avidity for oxygen.

4.—Sulphur and phosphorus are oxidized more energetically in diabetics then in normal individuals. The coefficient of sulphur oxidation is as high as, and even passes beyond, 87.7 percent (normally, 80 to 85 percent), while that of phosphorus rises to 98.52 percent in place of 97.60.

5.—It is not only the oxidation processes that are increased, but the majority of chemical processes of animal life are likewise intensified. Thus, the oxidoreductive hydrolysis that generates urea, the processes of synthesis that give rise to sulphur combinations and to hippuric acid are intensified.

These five facts demonstrate a heightened activity of the exchanges which is encountered also in morbid conditions other than diabetes and that, likewise manifests itself in states of functional overactivity of the liver and the nervous system.

As to the liver, the proof lies in the correct quantity of urine; as for the nervous system, in the higher proportion of phosphoric acid contained in the total secretion of phosphates.

It is evident, therefore, from these researches, that there occurs in diabetes an acceleration of the various functions of general nutrition, associated with a special increased activity of liver and nervous system.

In the light of these facts, we may formulate the general indications for a hydromineral treatment of diabetes. These indications are three in number.

1. Diminution of the chemical processes of organic life.

2. Alleviation of the overactivity of the liver and nervous system.

3. Suppression of the causes of hepatic overactivity—all that can stimulate the functional work of this organ.

The last indication refers to the alimentary regime that must be followed during the thermal course of treatment as well as in the general habits of life.

The practical result of these indications is, that the hydromineral treatment of diabetes consists in remedial agents that act as "sparers."[1] It is supported by the experimental demonstration of the inutility or the harmfulness of all medicinal agents that stimulate the nutritional functions.

It will be seen that we have found, among the indications, those that refer not to theoretical considerations but to chemical facts and all of which can be verified. Truly, with the aid of these, it would be possible likewise to construct a theory since all are in agreement. However, as I have already said, it will be

[1]Sparers are substances which are destroyed in metabolism, but which, through their destruction, lessen the destruction of other substances.

necessary to unite them artificially, though always with caution, in the absence of so many factors that still are needed for the construction of a theory.

In closing the discussion of this question as to the indications governing the hydromineral treatment, I am constrained to add that they are applicable only to the malady itself. This, though, is manifested differently in different subjects, in accordance with the manner of their individual reaction. Moreover, diabetes may be complicated by affections that aggravate it and, thus, impose upon it a special appearance. Finally, it may, itself, react upon the general conditions by its intensity or by its duration and, likewise, by its complications. In the majority of these cases, the indications as to the disease itself may become weakened and may even disappear in view of new indications that become manifest on the part of the patient through his individual mode of reaction, from complications or from a particular phase of aggravation. All these are questions that will be considered when discussing the application of the hydromineral treatment of diabetic patients.

II. The Mineral Waters That Are Able to Meet the Indications

We shall now study the action that the mineral waters may exert upon the various morbid processes the existence of which we have just referred to.

It results from our knowledge of these latter that it is necessary to describe all those mineral waters that accelerate denutrition and organic changes since the fact of the overactivity of general nutrition and of the hepatic function, due to a direct or reflex nerve excitation, is the starting point for treating diabetic patients.

The mineral waters, the use of which is to be advocated, are those possessing a retarding action upon the chemical processes of weakened life and upon the hepatic and nervous functions.

We are not yet in a position to carry out this program exactly, for, it would be necessary to know the manner in which the different waters act upon cell life. We must needs content ourselves with the indications supplied by the experience of the past; elucidating them and modifying them in accordance with the facts determined as to the chemical action of the principles contained in the mineral waters.

These data, however, are already sufficiently precise to constitute a solid basis of operation. The alkalies and the arsenicals that have the property of sedating the processes of nutrition stand at the head of the pharmaceutical remedies ordinarily employed in treating diabetes. Therefore, the use of mineral waters containing sodium bicarbonate and arsenicals is justified.

To these two groups of waters are to be added others that influence not the diabetes itself but the diabetic patients, and the selection of which is determined by the manner in which the malady appears in the patient, and by existing complications.

Finally, it is necessary to know that not one of the mineral waters can boast of absolutely curative properties but that certain waters arrest, or moderate, the diabetic process if administered suitably.

1. Alkaline Waters

The alkaline waters have the common property of restricting the consumption of the proteins of the organism, of increasing the alkalinity of the blood and plasma, of diminishing the formation of urea and the various phases of insufficient assimilation. In order to secure these effects, it is necessary to administer the waters in fairly large quantities.

These properties are present in maximal degree in the hot springs containing bicarbonates and sodium salts, and of which *Vichy* is most typical. None of the springs in Vichy are favored exclusively by the local physicians in the treatment of diabetics. The choice is determined by the personal experience of the physician and by the collateral circumstances of the malady. For instance, the condition of the liver may make it necessary to leave aside the "Grande Grille"; urinary acidity responds most to the "Hôpital" which is the most alkilinizing spring at Vichy. If the urine, though poor in urea, is very acid, one will advise the ferruginous waters of "Lardy" and "Mesdames." In general, one will commence with "l'Hôpital" or with "Chomel", concluding with the "Grande Grille". As to the quantity of water that is ingested, diabetics may drink from four to six glasses during the day. However, it should be understood that these doses are

attained only gradually and while watching the urine. Aside from water drinking, the patient will take alkaline baths, more rarely douches, of which I shall speak presently.

In second place, there is *Vals* the waters of which closely approach those of Vichy as to composition. The place possesses a multiplicity of springs containing from 1.9 Grams up of sodium bicarbonate, while two of its springs, namely "Dominique" and "Vivaraise No. 9," contain arsenic and iron and diminish still more energetically the excessive faulty assimilation.

Then there is *le Boulou,* where the cold springs, like those of Vals, possess mineral constituents corresponding to those at Vichy. This establishment, being open the year around, admits of treatment during the winter.

These three stations, by reason of their alkalinizing properties, will be suitable in certain cases of acetonuria. But, like all mineral waters, they are contradicted in serious acetonuria as also in persons suspected of tuberculosis and in emaciated diabetics.

2. Arsenical Waters

The arsenicals diminish the development of glycogen, glycemia, glycosuria. They limit the desassimilation of protein, the dephosphatisation, the absorption of oxygen and the formation of carbonic acid. They are the agents of "sparing" and of remineralization.

The arsenical waters also contain chlorrine, bicarbonate of sodium and lithia which add to their efficiency.

Their type is *la Bourboule,* with its four mg. of arsenic, 2.852 mg. of sodium bicarbonate and 2.890 Grams of sodium chloride. The sodium chloride has especially the effect of maintaining the necessary osmotic equilibrium of the exchanges and also supports the general condition. The Bourboule cure is suited especially to those diabetics who convert into sugar not only their foods but also their nitrogenous tissues and, perhaps, their fatty tissues.

Royat acts through its content in sodium bicarbonate, sodium chloride, arsenic and lithine, and through the intense derivation produced by its carbogaseous baths.

3. Diverse Waters

The diverse waters refer (a) to the locality (arthritis, uricemia, nervosity); (b) to associated maladies (dyspepsia, malaria, syphilis, gout, obesity); to complications (affections of kidneys, nerves, cardiovascular organs, lungs, and so forth).

These springs are too numerous for me to mention each individual one and I shall content myself to indicate them with reference to the cases for which they are suitable.

To summarize: Vichy, La Bourboule, Royat seem to me to meet the indication of the disease, with this difference that Vichy is more suitable for florid diabetics, La Bourboule for anemic or exhausted diabetics, Royat for those with hypertension or arteriosclerosis.

Vichy is contraindicated in the case of diabetics with consumption, with pancreatic disease, with prostatitis, with pulmonary tuberculosis. Contraindications for La Bourboule are, in general, an increased volume of the liver, angiocholitis, gout, a tendency to visceral congestion, biliary or renal lithiasis.

4. Associated Methods

A.—Régime.—During the cure, the patients will continue their prescribed alimentary régime which may be made less rigid according to the individual toleration for carbohydrates; however, it is necessary to interdict spiced dishes, raw foods including fruits, and acids.

B.—Mental Hygiene.—It is indispensable for the success of treatment that it should be favored by the change of environment, by entering into a new life associated with intellectual and mental rest secured through removal of the habitual cares and distractions.

C.—Physical Hygiene.— This comprises life in the open, walking exercises that should be progressive but without causing fatigue. Golf, tennis, fishing with rod and line, and so forth. But, it is necessary to avoid exercise that is too prolonged or fatiguing and that many diabetics employ in order to burn up their sugar, while, in reality, they simply accelerate its desassimilation. If moderate and graduated, exercise will regulate the circulation and the vital organic functions.

D.—Bathing.—There is always an advantage in doubling up drink cures with bath cures. The warm baths are sedative for the nervous system and exert a regulating action upon the various functions of

organic life. They activate the cutaneous circulation, while securing cleanness of the skin which, so often, is exposed to infections that always are serious in diabetics.

E.—Hydrotherapy.—Despite the authority of specialists, I do not believe that diabetics in general can receive much benefit from hydrotherapy. However, in the fat diabetic who has an excessively high coefficient of nitrogen utilization, there is some advantage in giving a brief douche, about 30° to 32° C. followed by friction which favors the reaction and produces slight perspiration.

When the patients are well accustomed to the warm douche, and if their reaction occurs normally, the temperature may be raised to 34°; after the douche, a finely divided cold spray may be given. In those with hypertension, the douche should be given warm, for a longer time and with a spray, which activates the cutaneous circulation and increases the vascular area.

F.—Massage under water also is of service, providing that it is graduated and practiced every two or three days alternating with bathing.

III. Adapting the Hydromineral Treatment to the Indications

Clinically, the diabetics are divided in four groups, (a) the diabetics proper, (b) the diabetics that are exhausted by the disease itself, (c) the diabetics in whom the disease progresses in a peculiar manner, (d) those in whom there exists a complication.

1. Manifest Diabetes

A.—There are cases of florid diabetes where the patients are large eaters, of good weight and complexion. They would feel perfectly well if they did not know that they have diabetes. The urine contains much urea and the habitual overeating has produced hyperchlorhydria, with some abdominal meteorism; the furred tongue indicating gastric fermentation. In these cases, Vichy is indicated, without a doubt.

Under the influence of this treatment, glycosuria diminishes to such a point that the patient considers himself as cured. Indeed, he may be cured if he will consent to observe his alimentary régime and to lead a suitable hygienic life. It is only a question here of improving the digestive and assimilative processes in order to reduce the urea and to moderate the activity of the liver.

B.—There are diabetics of the same type but they are obese and full-blooded. They present signs of abdominal plethora, of venous stasis, of hemorrhoids and constipation. Uranalysis shows an increased proportion of phosphoric acid to the total nitrogen. In such cases, the congestion and the relative phosphaturia overshadow the other indications. The patients of this type should be sent to *Brides,* their treatment there being followed up by a sojourn at *Vichy* in order to moderate the hepatic excitability.

2. The Diabetics Who Are Exhausted By the Malady Itself

A.—Some diabetics fall into a sort of asthenia, characterized by a lack of animation, loss of strength and some emaciation. There is no nephritis, no nitrogen denutrition, nor is there phosphaturia, but the urine is found to contain much indoxyl and skatol. This asthenia is due to a dyspepsia that is ordinarily disregarded and which must be looked for deliberately. These diabetics go to *Pougues* which will ameliorate the function of the stomach and permits a better assimilation.

B.—In a more decided degree of asthenia which is combined with anemia or fatigue of the heart, principally in obese subjects, one can frequently see traces of albumin in the urine. In that event, the proper cure to prescribe is at *Brides* in case of obesity; in *Royat* if anemia is a factor.

C.—There are others that are still more weakened and in whom the excess of urea assumes the characteristics of an azoturia, of denutrition. The glycosuria is hardly more marked in the urine during digestion than it is while fasting. The indication is, to diminish the denutrition and the hepatic activity from which the excess of urea and the general asthenia arise. In those cases, the resort of selection is *la Bourboule* which moderates the assimilation and hepatic activity, is tonic, and has a remineralizing action.

D.—There are diabetics with asthenia that is not due to azoturia but to organic demineralization which can be determined through the elevation of the urinary coefficient of demineralization. This variety is less rare than is generally believed and is the cause of a number of anemic condi-

tions in diabetics. It is characterized also by a tendency on the part of the mucous membranes to be pale. In these cases, also, *la Bourboule* is favorable, as is likewise *Saint-Nectaire,* both of which correct the mineral composition of the blood serum; so much so that Gubler designated them as "mineral lymphs".

E.—In some diabetics, for some reason or other, the exchanges become weakened, the nervous system presents symptoms of fatigue, the urine diminishes as does also the coefficient of nitrogen utilization; the proportion of phosphoric acid to the total nitrogen has a tendency to increase. It is necessary to restore the vitality of the organism and to reanimate the nervous system.

Bathing in the waters charged strongly with chlorine and sodium salts, as at *Biarritz, Salies de Béarn,* and elsewhere, presents an excellent means to increase the lowered nutrition, accelerating the combustion of the toxic products that create a new danger and to benefit the nervous system by methods of "sparing". Gubler had already realized this indication and I remember one of his patients, president of a provincial court, who owed to it a veritable resurrection.

3. Diabetes Developing on the Basis of Particular Morbid Processes

In this group, it is no longer the indication of the disease itself that predominates, but the soil upon which it has developed.

A.—Diabetes of arthritis.—This form of diabetes is encountered in gouty people and those affected with gravel. The glycosuria but rarely reaches a high degree and often alternates with other uricemic manifestaacid. In these cases, marked success is obtained from the waters of the *Vosges (Vittel, Contrexéville, Martigny*) or also at *Capvern.* In the same degree in which these springs are useless in the cases of hepatic or nervous diabetes, they are efficacious in this form of the disease in which frequently the glycosuria disappears when the urine contains uric acid and deposits of urates.

B.—Without going so far as to admit, with Crowley, that the *lymphatic temperament* predisposes to diabetes, I still have observed some rare cases of this malady developing in subjects that were manifestly lymphatic. They are pale, with pink cheeks; the face is puffy. Although apparently fat, their tissues are soft as if infiltrated. Some patients show a tendency to transitory edemas. They are easily fatigued, unable to undertake long marches. They seek repose and present also the characteristics of nervous asthenia. On questioning them, it is found that they were operated on in childhood for adenoid vegetations or that they had swollen glands on the neck and, sometimes, these can still be found by careful palpation. The glycosuria is but slight in patients of this type. They are best sent to *la Bourboule* or to *Saint-Nectaire* which is less arsenical and more ferruginous. The last-mentioned spring, which increases the organic exchanges and the coefficient of nitrogen utilization, is contraindicated in cases of frank diabetes. But, here, the recognition of the general condition has a bearing upon the malady in so far as in this form of diabetes the glycosuria does not run parallel with the acceleration of the exchanges that determines the diabetic characteristics of this group.

C.—Dyspeptic Diabetes.—Intermittent glycosuria, of which I have spoken as occurring in some cases of hypersthenic cases of dyspepsia with hyperchlorhydria, may be transformed into an actual diabetes which bears the seal of its origin in the persistance of the gastric disturbances and in the favorable influence of antidyspeptic treatment. At an advanced period of this evolution, it becomes similar to any diabetes whatever and is then modified but slightly by treating the original dyspepsia. The diagnosis at the beginning will be based upon the persisting dyspepsia, upon the slight degree of glycosuria, the presence of traces of albumin in the urine passed during digestion and its absence in the urine passed while fasting; finally, upon the favorable fact of antidyspeptic treatment. These patients are emaciated, while the liver is large. The stomach emits splashing sounds. The general nitrogen- and nervous exchanges are notably exaggerated.

The proper springs to order are *Pougues* during the early period and *Vichy* when the diabetes is actually established, with the condition that there the indications should be met that are presented by the

hydromineral treatment of dyspepsia; that is to say, a sedative treatment should be administered.

D.—Although Griesinger, also Verneuil, are inclined to admit that diabetes is not infrequent in persons afflicted with *malaria,* Laveran declares that it seems to him very doubtful that malaria plays an important role in the etiology of diabetes; nevertheless, he has observed four diabetics in whom malarial fever was a factor in the pathological history. However that may be, diabetics with such a history will be advised to go to *Brides* if they have, at the same time, phosphaturia, or to *Vichy* if their liver is increased in volume. For those who are anemic, but witnout enlarged liver, *la Bourboule* is to be recommended.

E.—Syphilitic Diabetes.—Of this, three varities are known. One that is dependent upon syphilitic lesions of the central nervous system; another one, parasyphilitic, so called, which resembles, theoretically, common diabetes but differs from it through the specific action of antisyphilitic treatment. Aside from these cases, there are those where diabetes makes its appearance in syphilitic persons without its being possible to find a causal connection between the two affections.

In the first variety, mineral waters are not indicated, since they can not in any way modify the nervous lesions that have given rise to diabetes and which are influenced only by specific treatment.

In the second variety, two cures are necessary. The first one at *Uriage, Luchon, Aix-les-Bains,* where the patient will first be subjected to specific treatment: The second at *Vichy* or at *la Bourboule* according to respective indications for these places and with regard to the diabetes.

For the patients of the third variety in whom the specific treatment does not influence the diabetes, the physician will be guided by those indications that I have given in the preceding paragraphs.

4. Complications of Diabetes

In cases of complicated diabetes, the treatment of the complication dominates habitually and assumes, then, the fundamental indications for springs containing bicarbonates, sodium salts and arsenicals.

A.—Diabetes with albuminuria.—There exist two types. The first type, albuminuria associated with dyspepsia, with renal fatigue, phosphaturia and organic demineralization, depends upon disturbances of the nutrition that are curable if they are treated at a favorable period.

The second type, of lesional origin, depends upon the complication through classic nephritis and is almost always beyond the therapeutic resources of hydromineral treatment.

However, the first type usually is but the beginning of the second and it may be said that diabetic albuminuria may terminate in Bright's disease. Hence, the urgency of treating it while it is as yet of slight degree.

Vichy or *Pougues* are reserved for diabetics with albuminuria of digestive origin or due to renal fatigue. *Brides* is suitable for those with phosphaturia. *Saint-Nectaire* or *la Bourboule* for those in whom organic demineralization is a causal factor.

In the cases of the second type, some amelioration may be secured at *Saint-Nectaire,* providing the kidneys are not altered profusely; in general, though, hydromineral cures are interdicted.

B.—Diabetes in Tuberculous Persons.—Tuberculosis is among the most serious complications that may affect diabetics. If it is manifest, there is nothing to be expected from mineral springs; indeed, they are contraindicated. However, in the pretuberculous period, which is characterized by loss of weight and of strength, some advantage may be gained by moderating the denutrition and remineralizing the organism by a cure at *la Bourboule;* it being conditional, however, that the phthisis is not evident and that tubercle bacilli can not be found in the expectoration.

C.—Pharyngitis.—Pharyngitis assumes especially the dry and granular form, interfering with deglutition and provoking a hacking and annoying cough. In those cases, *Cauteret* will be ordered where the patient follows the treatment according to Mauhourat, which, according to Duhourcau, reduces the glycosuria in a certain degree.

D.—Dyspeptic complications.—These are caused by the abuse of animal foodstuffs, the restriction of roughage and by overloading of the stomach due to a voracious appetite. They are most frequently of the hypersthenic type. They will, therefore, be

treated at *Pougues* or at *Vichy* with the necessary precautions that are indicated in the treatment of dyspeptics. In the case of chronic gastritis. *Vichy* or *Châtel-Guyon* is suggested when the patient is constipated.

E.—Nervous complications. — These are of three kinds; those of sensation, like neuralgias and neuritis; motor disturbances, such as muscular asthenia; monoplegias and hemoplegias; then, the psychic troubles like neurasthenia. However, in patients afflicted with neuralgia and neuritis affecting particularly the sciatic nerve, success often is experienced by treatment at *Le Malon, Plombières, Néris, Bourbon-Lancy* and, sometimes, the mud-baths at *Dax,* in the treatment of very rebellious sciatica.

Neuromuscular asthenia is treated at *la Bourboule* which possesses also the advantage of high altitudes.

As to paralysis, great reserve should be exercised in the hydromineral treatment. Good results have been experienced at *Bourbon-Lancy, Bourbon l'Archambaut, Bourbonne, Balarus* and with the springs strongly charged with chlorides and sodium salts. Nevertheless, one should act with great prudence.

F. — Toxic Complications. — If nobody would think of advising mineral springs to patients with severe acetonuria and threatened with diabetic coma, nevertheless, my personal experience convinces me that a cure at *Vichy* conducted very prudently can give very good results in those cases of diabetes where the urine contains considerable quantities of acetonuric products, especially when the general condition of the patient is good. I have seen a number of these cases where the treatment at Vichy reduced the acidity of the urine and caused the acetonuria to disappear or to be materially diminished. I might cite, among others, the case of a confirmed diabetic with glycosuria of 150 Grams and more than 3 Grams of acetonuric products in twenty-four hours, and who at the end of the cure left with a loss of only 75 Grams of sugar and with no trace of acetonuric products. In course of time, the acetonuria reappeared, but in a slighter degree, in the middle of the winter, and it disappeared again after the second course of treatment. That was ten years ago. This patient stands his diabetes well and continues to follow his occupation. We may conclude from this that acetonuria does not constitute a contraindication providing that the general condition remains good.

G. — Cardiovascular Complications. — Sometimes, diabetics present cardiovascular complications that are of two kinds. Some, purely functional, at least during a certain period, are: intermittent heart beat, arythmia, palpitation and arterial hypertension. The others depend on definite lesions, namely arteriosclerosis, arterial cardiopathy and excessive fatty deposits in the heart.

Palpitation and intermission are ordinarily due to digestive troubles which are treated successfully by *Vichy* or at *Pougues.* As to the simple arterial hypertension which is encountered in a large number of diabetics, it does not in any way contraindicate treatment at Vichy.

If the patient is affected with arteriosclerosis or with arterial cardiopathy, it will be decidedly advantageous to advise the cure at *Royat* which acts upon the circulation and at the same time upon the diabetes. In general, it is well to be very careful in employing hydromineral treatment in this class of patients, and it must be ordered for those only whose arterial lesions are but slightly marked.

The excessive deposit of fat in the heart is treated at *Brides.*

H.—Skin Complications.—These are influenced only in that degree in which the cure exerts its action upon the diabetes on which they depend. For this reason, *la Bourboule* with its double action upon the dermatoses and the diabetes constitutes the spring of selection for the subjects of this category.

Contraindications

Hydromineral treatment is without effect and may even aggravate the condition of diabetics who present one of the following complications:

1. Manifest pulmonary tuberculosis, no matter of what degree.
2. Pregnancy in all its stages.
3. Infantile diabetes, especially in those with a family history of the disease.
4. Pancreatic diabetes if the diagnosis is certain.
5. Lesions of the central nervous system, excepting those cases specified in the foregoing.

6. Ocular lesions such as, cataract, retinal hemorrhage, optic neuritis.

7. Acetonuria, excepting those cases of which mention has been made.

8. Grave skin complications, such as, impending gangrene and perforating ulcer of the foot.

In conclusion, Vichy and la Bourboule represent the leading resorts for the hydromineral treatment of diabetes. On this point, science and observation are completely in accord. However, the dominant indication of the malady often is obscured by the period of the disease and by its complications. Moreover, the art of the physician consists in taking account of all these conditions in order to establish and determine upon that cure that is to be advised.

Inexcusable Blunders in Diagnosis and Treatment

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[*Continued from June issue, p.* 386]

Abuse of the Bromides

NAPOLEON, the most influential figure in human history for both evil and good, the former, however, greatly overbalancing the latter, was an epileptic. So it is claimed by some historians. Others deny that the disease he suffered from was genuine epilepsy. Whatever kind of fits Napoleon Bonaparte suffered from, the statement has been made that the Corsican adventurer would not have made and unmade a dozen kingdoms, would not have become the undisputed dictator of Europe if potassium bromide had been known in his time and had been used on him in the treatment of his epilepsy. The bromide would have dulled his brain, depressed his spirit and stifled his ambition, which would have been a good thing.

It is not my intention to express my opinion on the status of the bromides in the treatment of epilepsy. I have no right to such an opinion, not having had sufficient personal experience in the treatment of that disease. But, that the bromides are greatly abused, that is, used with injurious effect, in many other conditions, of that I have no doubt, for I have seen these pernicious results with mine own eyes. With the reader's permission, I will give some illustrative examples.

Case 5.—This case comes back to me accusingly from the early days of my practice—in fact, from the days when I had no right yet to practice or to give medical advice—for, I was still a medical student, a student in my last year. However, nobody is so ready to give advice as are medical students. *They* entertain no doubt as to their competence. Having had no failures in their practice—for the simple reason that they, as yet, have had no practice—they have the utmost faith in themselves, their professors and their textbooks, and are ready to lavish medical advice eagerly, generously and gratuitously. Also, it flatters their vanity, their *amour propre* to be able to act *in loco medici,* to be taken by their friends for a real physician. And, the friends and acquaintances are just as eager for the advices of their medical-student friends. Not only because they get that advice for nothing—for, of course, medical students do not charge for their valuable counsel—but, also, because a good part of the laity has great confidence in the knowledge of medical students believing that they are up-to-date, familiar with the latest advances and discoveries. In my student days, I was appealed to for medical advice more frequently than my fellow students, because I was known as a good prescriber from my pharmaceutical days. And, so, to come at last to the point, a young man applied to me "to give him something" for his night emissions, or wet dreams. Without hesitation, I advised him to take some potassium bromide. How much? About half a teaspoonful in half

a glass of water on going to bed. The patient took it for about two weeks and then came to report that, while the number of emissions had diminished, they had not ceased entirely. He used to have them every night or twice a night, and now he had them about twice a week. Again, without hesitation, I advised increasing the dose to a teaspoonful, every night. As is seen, I never was a homeopath in my doses, not even in my student days. And, didn't I have the support of the authorities for these large doses? A dram of potassium bromide was not considered at all an excessive dose in those days—as it isn't considered even now, by some. The trustful patient took the bromide as he was told. Some time later, he came to report. Yes, the medicine was a success. The emissions had stopped altogether. But, what a sight he was! Full of pimples—the acne in many places was pustulous, necrotic, his complexion was pasty and anemic, his tongue was thickly coated, and he complained—no, he did not complain, he merely stated—that his stomach was bad, that he had a very bad taste in his mouth and no appetite at all. Now, all these things were looked upon as the unavoidable by-effects of an efficient remedy and both the patient and his embryo physician were satisfied.

A few weeks later, the patient came to me—(I had, in the meantime, been graduated and started in real practice)—and complained—this time he did complain—that his emissions had returned as bad as ever. But, they were of a different character; while before they had been strong and pleasurable, they were now weak, devoid of sensation, and he was often unaware of them until morning. In short, from strong "physiological" emissions they had changed into feeble atonic ones. The bromides were of no avail now.

It was this, and several similar cases, that set me thinking and made me doubtful and skeptical as to the value of bromides in night emissions. This doubt and skepticism became finally *a certainty* that, in the treatment of night emissions, the bromides are not only generally useless but extremely pernicious, both in their immediate and ultimate effects. Small doses exert no influence one way or another; large doses depress the mind and the spirit, spoil the appetite, ruin the stomach and not infrequently produce an obstinate disfiguring acne. And, what good do they do for the special purpose for which they are administered? Suppose, they diminish the number of emissions at first—what of it? Do they who recommend and administer the bromides in night emissions expect their permanent cessation? If such an effect were possible, would they really desire it? Would they wish to accomplish complete destruction of spermatogenesis in a young patient? If not, why that stuffing with the bromide potassium, not to mention those of sodium, ammonium, lithium, calcium and strontium? Is it right to ruin the entire organism in an attempt to depress a perfectly physiological and indispensable function?

Bromides for Scabies and Itching

Case 6.—He came in complaining of a "terrible itching". He had had it for about three months. He had not had a good night's sleep in weeks. He had been to a doctor who had given him a salve and some internal medicine, but "they didn't do no good". The salve was a zinc-oxide ointment with some menthol; the prescription for the medicine contained potassium and sodium bromide and peppermint water. He had quite a few pimples on the back, which were seen to be bromide acne. The history also showed that he got the acne some time after he had been taking the "salty medicine". A careful history of the case and a close examination of the fingers, the elbows and the genital parts disclosed that the patient was suffering from—just, scabies. It is not necessary to state how quickly this patient was cured of his scabies and with it of his intolerable itching that had made the days and particularly the nights a terror to him; for, if all diseases were amenable to drug treatment as quickly, as surely and as infallibly as is scabies, we would have no therapeutic nihilists, no quackopaths and no Christian Scientists.

This case lends itself as a text for a twofold thesis. The first is, the non-recognition of scabies. If there is one skin disease or infection that should never go unrecognized it is scabies. The history of the case, the character of the itching and its location almost infallibly tell the story, and it seems that the merest tyro in

medicine should never fail to diagnosticate it. Yet, I have seen a number of cases of scabies that were treated with cold cream and vaselin, with ointments of zinc oxide and ammoniated mercury, with menthol, resorcin, betanaphthol—with everything except *the* specific—sulphur; while, to allay the itching, bromides were given. Then, this forms the second part of my thesis: The administration of bromides as an antipruritic. I can characterize it only as the acme of foolishness. And I assert emphatically that the bromides never yet cured or *even relieved* a case of itching. They may cause itching. Since they are capable of causing acne and other inflammatory dermatoses, it stands to reason that they may also cause itching, but, cure it or relieve it, they can not. I trust that physicians will give up the bad habit of prescribing potassium bromide or any other bromide as a sedative in pruritus. I might state here that, considering the different degrees of badness, sodium bromide and strontium bromide are the least bad; they are less depressing, less ruinous to the digestion and less apt to cause bromidic acne.

Bromides For Nervousness

As we are on the subject of the bromides, I wish to say a few words on bromides in "nervousness". I suppose as long as the vague term "nervousness" (which is used both to designate a vague condition and to cover our ignorance) is employed, we shall employ bromides in its treatment. But, I declare honestly and frankly before the whole world that I have never been able to convince myself that the bromides ever cured or relieved a case of nervousness. I have prescribed them often, as we all do, and shall probably continue to prescribe them, because we have to give something. Still, I declare my opinion that, where the bromides seem to do good in nervousness, the effect is most probably due to suggestion and that any other placebo would do as well. I remember a case of "nervousness" in which I prescribed sodium bromide, 30 grains to the dose. The effect was satisfactory. I then gradually reduced the doses, without the patient's knowledge, to 20, 10 and 5 grains per dose. The patient did not know the difference, and declared that the medicine acted nicely on her. All this because she had confidence in me. For, later on, another physician prescribed the same thing for her, in a different form, and "it did not do her any good at all. Just like so much water."

In Conclusion: 1.—If the bromides are to be given in "nervousness" let them be given in small doses. 2.—Let sodium or strontium bromide be given in preference to potassium bromide. 3.—Whatever bromide or combination of bromides is chosen, they are best administered in an effervescent combination: more agreeable to the taste and much more acceptable to the stomach. Several manufacturers are now offering such effervescent combinations in granular or, preferably, tablet form.

The Test Injection

After a patient has been treated for gonorrheal urethritis for a sufficiently long period, or, say from two months to two years, everything seems to be all right, and the doctor has decided to discharge him, he often gives a "test-injection". This is a strong injection in order to see if the patient is really cured and quite free from gonococci or whether the latter are only hidden and dormant. If the patient is really cured, the discharge which the injection causes is gonococcus-free, scanty, and usually closes in twenty-four to seventy-two hours. If, however, the discharge does contain gonococci, why, then we know that they are there, and we have to treat the patient further until they disappear and until another test-injection shows their complete absence, and so on. This is the theory and it is responsible for *untold* damage to thousands of chronic and practically incurable cases of urethritis. 3 to 5 drops of a ½ to 2-percent solution of silver nitrate may do no harm and act provocatively; but, as often employed, it is nothing short of malpractice, and, sometimes, one is forced to suspect, wilful malpractice. First of all, the principle is wrong. Suppose a strong silver-nitrate injection was given—3, 5, or even 10 percent—and the discharge proved free from gonococci; does that prove that the patient's genitourinary tract is free from gonococci? Why? Where is the guarantee that the strong injection will call to the surface every gonococcus hidden under the mucous membrane? Where is the war-

rant that all the germs hidden in the prostate and in Littré's glands will respond to the call of Argenti Nitras as the dead will to the call of Gabriel's trumpet? Of course, it is nonsense. Negative evidence in complex pathological conditions is only of partial value.

However, this is not the worst of the matter. The worst is, that, if the discharge caused by the test-injection does contain gonococci and other germs, you have added a trauma to an already-existing infection, which permits the germs to grow luxuriantly and often renders the condition extremely recalcitrant to treatment. If the patient was really cured, you have, by your interference, by your strong injection, caused a trauma on a membrane which the gonorrhea had already made a *locus resistentiæ minoris,* and it may take weeks or months to get rid of it.

This is not fancy but disagreeable fact. How often have we heard the story with the following essentials: The patient had been treated for gonorrhea two, three or four months, or longer, as the case may be. Finally, everything seemed to be all right; the smears became negative, then the discharge disappeared entirely and the urine became free from shreds. The doctor told him that now everything was fine and that he was going to discharge him and give a clean bill of health in a day or two. However, it was always best to be on the safe side; and, so, before giving him his final discharge, he would advise him to drink a couple of glasses of beer or wine in the evening and in the morning he would give him a "test-injection". So he did, and, since the doctor gave him the test-injection, the discharge recommenced, he had burning in the urethral canal and his urine again became cloudy. Some would complain of symptoms pointing to prostatitis, and not a few would show symptoms of epididymitis, which, they would claim, made their appearance soon after the test-injection. Some patients would accuse their physicians of having injured them deliberately. They were getting along so nicely, everything was all right, and if the doctor had not given them that strong injection, they would have been quite cured. While now * * * These cases, as stated above, would often be very resistant to treatment, more so, than the original gonorrhea.

The physician with common sense may now and then make use of a test-injection, but, for the welfare of our patients, it would, on the whole, be best if the test-injection were done away with entirely. A sensible physician can know pretty well if his patient is cured of his gonorrheal urethritis without causing a chemical, traumatic and alcoholic urethritis.

Daily Massage of the Prostate

It goes without saying that the most useful procedure may be overdone. My readers know that my opinion of the value of prostatic massage is very high. In some cases, its beneficient effect is little short of magical. But, of course, it is being frightfully abused. To massage an inflamed prostate with all the vigor of a bath rubber is malpractice. Not only does the condition of the prostate frequently become greatly aggravated, but I have known severe epididymitis follow such practice within half an hour. I have known men having to go to bed after a too-vigorous prostatic massage or after a gentle massage of a badly inflamed gland.

Not only is too-vigorous prostatic massage to be condemned, its too-frequent performance, also, however gentle, may prove injurious. The urethral and anal canals resent the too-frequent introduction of foreign substances or too-frequent manipulations within their lumina. The foreign expression *"insult"* for such manipulations is quite appropriate. An internal cavity considers any unnatural manipulation an insult. The mere daily injection of a small quantity of water within the rectum will eventually prove irritating. Therefore, I must condemn the practice, which is gaining vogue, of daily massage of the prostate. Conditions in which the massage of the gland is advisable more frequently than twice a week are quite rare. In massage of the prostate as in every other therapeutic procedure, we must never get tired of repeating: *ne quid nimis*—not too much zeal.

Syphilis, Anemia and Neurasthenia

I have referred to the subject before, but, it is of such great importance that it will stand considerable reiteration. A man falls off a roof and sustains a fracture

of the skull and a fracture of the leg. Of course, the skull is more important than the leg and we must pay our first attention to the former. But, should we neglect the latter altogether? What would be thought of a physician, who having such a patient under his charge, would treat the fracture of the skull only, would overlook the leg entirely and would dismiss the patient with a crooked and shortened lower extremity? This case forms a perfect analogy to the way in which some physicians treat many of their patients. If the existence of one disease is ascertained, all other points are neglected and perfect satisfaction reigns in the diagnostic camp.

A man applies to a physician for help. He looks so wretched that to contemplate him is painful. He declares that, unless something is done for him at once to relieve him of his suffering, he will make an end of it all. The symptoms he enumerates are without end. The physician examines him, discovers an unmistakable secondary roseola and puts him at once on specific treatment, which is all right. But, *the patient himself* does not improve, though his roseola does. Why does not the patient improve? Because, besides his lues, he is also suffering from anemia, in a severe form, and neurasthenia. In fact it was his neurasthenia that made him feel so wretched and suicidal that he decided to go and have a good time, and that was how he contracted his lues.

But, as I said before, when the physician discovers the disease, particularly if that disease be syphilis, he is so satisfied that he neglects to look for any other possible diseases. In the name of pity, can not, may not a man with anemia and neurasthenia contract syphilis? Can not a rheumatic, a nephritic, a diabetic, become infected with the treponema pallidum? So, why think that, when the diagnosis of syphilis has been made, all has been done that need be done for the patient?

If I do nothing more in these articles than to focus the physician's attention on the fact that two and more diseases may and often do coexist in the same patient at the same time, they will not have been written in vain.

Over-Treatment in Urethritis

A man applies for an appointment. He has been treated for several months by another physician with practically daily injections and irrigations and biweekly dilatations. Still, his condition is not improving. For the past two months, it has been virtually at a standstill. The appointment is made for the following week, as the doctor has to leave town for a few days. There is no special hurry, as the condition is so chronic. On the day of the appointment, the prospective patient telephones that his condition has improved to such an extent that he will wait a few days longer. He comes in, two weeks later, is examined and is found quite well. What made him well? The cessation of all treatment. Some urethras, most urethras, can not stand daily injections and manipulations for long periods. They will respond to these "insults" by becoming irritable, inflamed, and by discharge, aseptic or bacterial. They ask for nothing better than to be left alone. You leave them alone for a few days and they thank you by getting well. Many, many chronic urethritides have been made and are kept chronic by the physician's or patient's too assiduous treatment. Overzealousness is sometimes as bad as neglect. Sometimes worse, for, in the latter case, the *vis medicatrix naturæ* will often assert itself; in the former, you interfere with nature.

Aborting Gonorrhea

Last, but not least, I wish to characterize as *downright malpractice,* the attempts at aborting gonorrhea with silver-nitrate solutions of enormous strength which we still come across occasionally. I know that some European urologists report good results from the abortive treatment of gonorrhea. And, I do not question their good faith. Still, all I can say isthat European urethras must be different from, must be tougher than, American urethras. My opinion today is, that abortive treatment should never be attempted. Where I saw it attempted, the result was disastrous; the inflammation became hyperacute, the discharge became bloody, in some instances there supervened prostatitis, epididymitis, strangury, and such. Leave the abortive treatment with strong solutions of silver nitrate alone; it is sheer malpractice.

How to Make Investments for Profit

By CUVIER R. MARSHALL, A. M., M. D., Detroit, Michigan

IF there is any subject, upon which the average individual harbors vague ideas, it is that of investing money. This remark applies no less pertinently to the practitioner of medicine than to his fellow citizens. If the doctor only knew how to invest his money safely and profitably, it is morally certain that he would make a more successful effort to save it.

Financial authorities have expressed the opinion that the number of intelligent investors, that is, people who have become informed on the subject of investments, has materially increased during the past four years. The growing number of small stockholders in such corporations as the Pennsylvania Railroad indicates that the opinion of these men is correct. The movement toward increased investments in securities had its inception, doubtlessly, in the vast purchases of Liberty Bonds by the public.

Liberty Bonds Encouraged the Small Investor

During the great world war, thousands of people who, before that period, did not know what a bond was, were led through patriotism to buy Liberty Bonds. This was their first experience and, despite the fact that these bonds are now selling considerably below par, they should be regarded as a good investment, for, they will rise in value as time goes on. In passing, it should be said that people holding Liberty Bonds bought at par should go into the market now and buy more, thus reducing their average cost and increasing the chances of a nice profit when the rise comes.

A man may limit his investments to his own business and, by his own personal efforts in that business, may make his investment pay handsomely. This applies particularly to merchants, manufacturers, building contractors and the like. The doctor cannot operate so successfully on the same plan because of the professional character of his work. Yet, some physicians have invested in private hospitals, sanatoria and similar projects, to which they contribute their personal efforts and, apparently, with a percentage of profit on the investment quite commensurate with that realized in commercial enterprises.

However, such opportunities are more or less infrequent and, for that reason, we will limit our discussion to those investments which the physician can make with advantage in the business of others; to the purchase of securities offered by governments —national, state and municipal—public utilities such as hydroelectric companies, railroads, industries and so forth.

Avoid Wildcat Investments

There are all kinds of investments, from good to bad or even worse. It is important to know how to choose the former and to keep away from the latter. Generally speaking, the more clamor the promoters of an enterprise make, the more eloquent the reason for letting it alone. There is no hard and fast rule, no royal road to success; still, common sense, good judgment and the willingness to investigate will prevent many an unfortunate venture.

The period of deflation through which we are now passing is one of the most remarkable in the world's financial history, in many respects. Wildcat "investment" schemes fill the air and obscure the sun. Like everyone else whose name is available to list collectors, the doctor is literally bombarded with tempting offers to "get" in on the ground floor" of some new enterprise, mining, oil, rubber, industrial or what not. He is urged to trade his Liberty Bonds, which, he is informed, have depreciated in value, for preferred stock in a concern that will make him rich in a few years. "Other concerns in the same line have made good, the new enterprise will do better," and so on.

What is the man with a few hundred dollars to do? Whither shall he turn for advice that is sound? How can he avoid the pitfalls of the inexperienced investor who finds that it is vastly easier to make money than to keep it?

Where Not to Invest

Before attempting to discuss these questions, it might be well to consider the subject from the opposite viewpoint. What should the doctor *not* do who is seeking a

profitable investment? What investments are risky, unpromising and most likely to terminate in loss of one's capital?

First of all, no person should invest in anything that he knows nothing about. No one should buy stocks merely on the advice of friends. "It is a good thing, get in on it," is a dangerous precept to follow.

As a general rule, the doctor should not buy stocks in new enterprises. Those should be left to capitalists who know the game, who have money to lose, and who are in position to take the chance. A new enterprise must pass through the development period. All sorts of difficulties must be met and overcome and in the meantime the investor must wait for his dividend. It is much better to buy the stock of an old-established, seasoned corporation that has a long, unbroken dividend record, and which will begin making returns at once. There are many such concerns whose securities are quoted every day in the newspapers. Of course, in every community new enterprises are floated by good people whom the doctor knows. He may be offered stock on very favorable terms. But, even so, he should consider how long he may have to wait for actual production and profit sharing. In the meanwhile, if he were to invest his money in some old-established enterprise he would be sure of an immediate return.

A wise investor will not buy on "tips." A tip is not only of no value but it is usually a trick to promote the buying or selling of some speculative security. Boards of directors do not allow confidential information to leak out, affecting the market price of their securities, and tips are therefore merely guesses in the vast majority of cases.

It is not a good plan to buy stocks from agents. Bonds, however, are sometimes sold by the representatives of banks or brokers of repute who are in position to back up their statements. However, even then, the buyer should know with whom he is dealing. Many reputable brokers advertise their wares, like other merchants, but it is well to beware of advertising brokers who are not members of a leading stock exchange. They are not subject to control by the exchanges which deal very harshly with members that violate their rules. Many of these unattached brokers are now offering all sorts of inducements to investors to buy on instalments. It is doubtful if the contracts they make can be fulfilled.

Some Definite Advice

It is a very safe plan, especially for the beginner, to buy only "listed" securities. That is, stocks and bonds that are quoted on the New York, Chicago or other large exchange. Curb stocks are usually speculative in character and are not suitable for investment. There are a number of advantages in holding listed securities. They are quoted every day in the newspapers and there is always a ready market for them; they can be disposed of immediately, should the holder wish to use his capital.

The doctor should not put all his eggs in one basket. It is better to scatter his investments in different kinds of securities and in a varied line of enterprises. Then should some lag behind, others will advance and his average will not be materially disturbed.

It is wise to invest in companies that manufacture goods in constant demand rather than those whose business is in non-essential articles, such as jewelry; these invariably suffer in panics. The essential industries supply the things that people must have and they usually ride through panics unscathed.

There is so much to be said on this subject that it is difficult to limit oneself to the bare principles of investing. One thing is certain: the present generation will probably never see a better chance than right now to buy fine securities at rock-bottom prices. The coming year will in all probability be the beginning of an upward movement that may continue for two or three years, or longer, during which time all good securities will advance considerably in value, and profit-taking will be the order of the day. This has always been the history of market cycles and, as history repeats itself, we are amply justified in our conclusion.

In a future paper, we shall discuss the various kinds of investments suitable for the doctor, and shall consider the rules followed by experienced investors in making their selections and in determining the best time to buy or sell.

In conclusion, we would summarize what has been said, as follows:

1. Don't buy unknown or new stocks.
2. Don't buy from promoters or strangers.
3. Don't buy on tips.
4. Don't buy unlisted securities.
5. Don't buy curb stocks as investments.
6. Don't put all your money in one security.
7. Don't buy securities of non-essential industries as investments.

A Simple, Safe and Effective Technic for the Administration of Arsphenamine*

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WHEN salvarsan, or arsphenamine, became accessible to the general medical profession, there came with it the various methods of administration. The methods that had been used up to that time included the following. The intravenous injection of an alkaline solution and of an oily emulsion, the intramuscular injection of an alkaline solution and of an oily suspension, the hypodermic injection and the thorough rubbing into the skin of an alkaline solution. In 1910, Blascko[2] reported that he had injected an oily emulsion of salvarsan into the evacuated colon having prevented bowel action for several days by the use of opium. He claimed that absorption of the emulsion took place to a very slight degree and that the clinical results also were slight. The oily emulsion, by the colon route, was not satisfactory. Infants have been treated by feeding them with salvarsanized milk from the syphilitic mother after the mother had had intravenous injections of salvarsan.

Each of the different methods mentioned has some special advantage which commends it, but, as time has passed and as experience has been gained, there remain two methods that are still commonly employed; these are, the intravenous and the intramuscular. On account of the irritating properties of arsphenamine and the accidents of more or less consequence which sometimes follow its administration, there has long been a real need for a more simple and safe technic which could be used by any one. Such a method is afforded by the intrarectal mode of administration. This method is not entirely new. While it has not been employed routinely by many, still it has been used to some extent, by various clinicians, with splendid results and it has advantages that are not commonly known. I have had ample opportunity to try out this method and prove its merits, and it is this method, as I have employed it for more than two years, that it is the purpose of this paper to describe.

The Different Methods Compared

The intravenous method is the one that has come to be preferred and that is now most commonly used. It is, indeed, a very satisfactory method for the administration of arsphenamine when a suitable vein can be located, without cutting down to find it, and when properly administered in appropriate dosage. It has the advantage of giving very prompt action since it is introduced directly into the circulation. Some, however, consider this feature of it a disadvantage on account of the shock and severe reaction that sometimes results from such a sudden introduction of this foreign element directly into the blood stream. The intravenous method requires a very careful and exact technic and, even then, is not wholly free from dangers. All clinicians have found that, in some cases, a suitable vein is difficult to locate. If some of the remedy is injected into the tissues surrounding the vein, it produces a decided irritation, followed by more or less pain, swelling, and discomfort which may last for some days, with the added prospect of

[1]Paper read at the regular meeting of the Boulder, Colorado, County Medical Society, April 29, 1920.

[2]Wechselmann, "The Treatment of Syphilis with Salvarsan," 189, Appendix. New York, Rebman Co., 1911.

abscess formation and subsequent sloughing of tissue.

The deep intramuscular injection of the alkaline solution is very painful. In most instances, it produces soreness and discomfort that is more or less marked and may last for some days. If a local anesthetic is first injected all along the path of the needle, the arsphenamine injection may be made painlessly. But, this is a makeshift, for, the anesthesia and analgesia are only temporary. As soon as these effects have passed away, pain and discomfort develop. Usually, this is slight, at first; but, as a rule, it gradually increases in severity, it is apt to continue for some days and to be attended with considerable soreness. This is due to the fact that the watery solution is a direct muscle irritant and is very slowly absorbed from the muscle tissue. Indeed, it may not become completely absorbed. In some instances and that, often, some considerable time later, a more or less severe, deep-seated abscess may develop.

The intramuscular injection of an oily emulsion gives far better results in so far as pain is concerned, for, when arsphenamine is suspended in iodized oil of sesame (or an equivalent), its injection is entirely painless. However, the same objection holds with reference to absorption, for, it may not become completely absorbed and may result, later, in irritation and abscess.

Advantages of Rectal Route

The administration of arsphenamine by the intrarectal route has none of the objections mentioned. On the other hand, it affords the following advantages: It causes no inconvenience whatsoever to the patient. It is entirely free from all possibility of accidental complications. It produces no local irritation and is neither accompanied nor followed by any pronounced symptoms. It is entirely free from the possibility of shock with all of the possible subsequent unpleasant reactions. It is altogether safe, and, as compared to other methods it is equally efficient in results. It saves the physician's time and eliminates worry about after-consequences. A few hours are required for the absorption of the remedy, but, this constitutes one of its decided advantages. Instead of being suddenly introduced into the circulation in a concentrated form, for which the system is not prepared, its gradual absorption gives opportunity for the system to accommodate itself to the foreign element and thus handle it in a physiologic manner.

For some years, in certain cases, when it seemed inconvenient or inadvisable to employ the usual methods of administration, I have given the indicated medicinal remedies by enema. About two years ago, I began giving arsphenamine by this method, in a few cases in which a suitable vein for its administration could not be easily located. I was impressed with the good results that followed and particularly noted the entire absence of discomfort to the patient. After reading the report of Boyd and Joseph[3], which was published in August 1918, covering their experience and detailing the good results obtained in their intrarectal administration of arsphenamine, I began making more of a routine of this method and gave more particular attention to its comparative value. The results have been so gratifying that it has been my method of choice in most instances.

Important Considerations

In the administration of arsphenamine by the intrarectal route, there are three factors to be considered. These are, (1) the preparation of the patient, (2) the preparation of the dose, and (3) the administration of the dose. These will be taken up in the order named.

The Preparation of the Patient

While it is not an absolutely essential prerequisite, my experience has well demonstrated that it is preferable to thoroughly evacuate the intestinal tract before the remedy is administered. If a cathartic is taken at bed time and this followed the next morning by one or two doses of saline laxative, the desired results will be obtained. The colon should then be thoroughly emptied in the evening, about two or three hours before the dose is to be given. The evacuation of the colon may be very satisfactorily accomplished by having the patient take three small enemas of two pints each. Let each enema be retained a few minutes and then immediately after its evacuation have it followed by the next. The small, repeated enemas are usually preferable to the large, copious enemas for securing a complete and thorough evacuation of the colon. And, besides, the small

[3]Boyd and Joseph. Intrarectal Administration of Arsphenamine, *Jour. Amer. Med. Assoc.* Vol. 71, 1918. Aug. 17, p. 521.

enemas do not cause distress, nor do they produce nausea or sickness, such as sometimes results after the taking of large, copious enemas, particularly in cases in which there is incompetency of the ileocecal valve. After this preparation, two or three hours should elapse before giving the dose. During this interval, the patient, if able, may be about and attend to any regular duties, as usual. It is during this time that any residue of water, that may have remained in the colon, will either become absorbed or expelled, and thus the colon will be empty and at rest when the arsphenamine is administered.

Preparation of the Dose

There are no special directions to be observed in the preparation of the dose in so far as the making up of the solution is concerned. The alkaline solution is to be prepared in exactly the same manner as for intravenous use. It is important, however, that the bulk of the dose be small. It does not require a very large amount of fluid in the rectal ampulla to cause a desire to evacuate it. For this reason, the amount of the solution should not exceed 45 to 60 mils (1½ to 2 ounces). This small amount will not disturb the sensation of the lower bowel. The solution should always be freshly prepared and given lukewarm, within half an hour after it has been made up.

Administration of the Dose

The dose is to be administered as a simple enema. An ordinary fountain syringe may be used, although it is not well adapted for the purpose. I have sometimes employed this in an emergency. The long rubber tube is a real objection since it causes some loss of the small amount of fluid constituting the dose. Then, too, one cannot be absolutely sure that all of the fluid has passed into the rectum. A simple outfit made especially for the purpose is preferable. The outfit which I use and prefer is easily made as follows: Take a piece of ordinary ¼-inch rubber tubing about 14 or 16 inches long and place a small glass or enameled funnel in one end. At a distance of about 3 inches from the other end, cut the tubing off, then connect the small cut-off piece with the end from which it was cut, by means of a glass connection. Allow ½-inch or 1 inch of the glass connection to show between the two parts of the connected tubing. This provides a glass window that enables one to see when all of the solution has passed by it. An ordinary hard-rubber enema point, or rectal tube, such as is used for enemas, is inserted in the distal end of the small piece of tubing. A clasp placed on the rubber hose at some point between the funnel and the glass window makes the complete and very serviceable outfit which can be very well handled by one person.

The details of the technic of administration are as follows: After the hard-rubber enema point has been inserted and the clasp closed on the rubber tubing, the arsphenamine is poured into the funnel. The clasp is then released and, at the same time, the rubber tubing is firmly compressed between the fingers. The funnel is then held up as high as the length of the tubing will permit, after which the pressure on the tubing is released slightly so as to permit the solution to pass into the rectal ampulla very slowly. After the fluid is seen to have passed the glass window, one or two teaspoonfuls of lukewarm water may be poured into the funnel and allowed to pass on through. This will wash any small amount of arsphenamine that may remain in the hard-rubber tip on into the rectum. The small piece of rubber tubing between the glass window and the hard-rubber endpiece should then be firmly compressed between the finger and thumb as the tube is being withdrawn from the rectum. If a drop of arsphenamine happened to remain in the tube, this measure would prevent it from dropping on the bed linen and producing an indelible stain. The dose thus administered should be retained for at least two hours.

Frequency of the Dose

In my earlier experience, I administered the intrarectal dose at intervals of one week until the course of treatment was completed. My later experience fully accords with that of Boyd and Joseph, namely, that it is better to give the treatment in a more intensive manner, at three or four days intervals. This keeps the system more fully and constantly under the influence of the remedy and completes the course of treatment sooner. My present practice is, to give two doses a week, say on Mondays and Thursdays, or on any such two days of the week as may be mutually convenient. This allows four days to intervene between

the first and second, and three days between the second and third treatments and so on.

Some Remarks, Observations and Suggestions

In most instances, I plan to have the dose administered at about the usual bed time, say at 8 or 9 p. m. Usually, such an hour is preferred by the patient since it is more convenient and does not interfere with the regular duties of the day. Appointments may be made, however, for a visit to a residence or for the patient to call at the office at any convenient hour, it being understood that the patient has made the preliminary preparation. Since the dose is to be retained, it is advisable that the patient lie down for an hour after the remedy has been administered. There is a great advantage of giving the dose at bed time, for, since the patient is already in bed, he will lie quietly for a time and finally go to sleep.

The outline suggested concerning the preparation of the patient is the ideal one and should be carried out as far as consistent. Circumstances and conditions sometimes seem to combine, however, to prevent the carrying out of details in full. The patient may have forgotten to take the cathartic on the previous night or he may call at the office without having made any preparation. In most instances, an appointment may be made for the following day and thus allow sufficient time for proper preparation. But, when an apparent emergency does arise, time should be taken for at least one or more cleansing enemas. In a few instances, I have had a patient take a cleansing enema and immediately afterward administered the arsphenamine. The patient then got up from the office table and went away. Later, it was learned that the solution was retained and all went well. Still, this procedure is not recommended.

If benefit is to be derived, it is evident that the dose administered must be retained. Usually, it is retained without any difficulty, still, in a few instances, it is expelled in less than two hours. Under such circumstances, it is best to repeat the dose at once or on the following night, or day. There are several reasons for the expulsion of the dose. If sufficient time has not elapsed after the cleansing enemas have been taken, so that any residue of water that may have remained in the colon could neither have become absorbed nor expelled, it may come down into the rectal ampulla at about the time the arsphenamine has been administered. This may cause a sufficient bulk of fluid in the ampulla to produce an evacuation and a loss of the dose. This is the most common cause for losing the dose and is usually avoided by allowing two or three hours to intervene after the taking of the enemas and before administering the dose. Another cause is found in those comparatively few cases in which there is no sphincter control. In such cases, if the patient is able to assume the genupectoral position, or if the hips are somewhat elevated, the dose will usually be retained. In a few instances in my experience, in some cases of heart disease or in conditions complicating the case so that the patient has been obliged to sit up in bed, the dose has been lost before two hours. However, even under these unusual circumstances, if there is sphincter control, the dose is usually retained.

As to the position of the patient when the dose is being administered, I prefer to have the patient lie on the right side and to maintain that position for half an hour. I found, though, from a varied experience, that this position is not imperative. I have used every position it is possible for the patient to assume and find identically the same good results as long as the dose is retained. In my opinion, it is preferable, however, for the patient to lie on the right side for half an hour, after which time any position desired for comfort may be taken. If, for some reason, it is inconvenient for the patient to lie on the right side, the dorsal position is generally assumed. There is nothing to be gained by attempting to give the dose high up into the colon. The amount of fluid used in the dose is so small that it is inadvisable to attempt the procedure and, besides, as a usual thing, the dose cannot be placed high up. It is therefore a useless waste of time to attempt such procedure.

In connection with arsphenamine, I employ mercury. This may be given in any form preferred and by any method desired. Usually I prefer to use the inunction.

Clinical Results

As for clinical results, the benefits from this method of administration of arsphe-

namine are seen just as quickly as from the intravenous method. Cutaneous lesions disappear, sore throats clear up and visceral disturbances are speedily corrected. The Wassermann reaction becomes negative just as soon as after treatment by other methods.

Summary and Conclusion

Of all the methods for the administration of arsphenamine, the intrarectal method is the simplest. It is easily applied. It produces no local irritation and causes no inconvenience to the patient. One of its decided advantages lies in the slower absorption of the remedy which makes it more physiological in its action. It is entirely free from shock with any and all of its possible reactions. It is a satisfactory method and, compared to other methods, is equally efficient. Its freedom from the possibility of accident and complications makes it perfectly safe for any one to use it. After the dose has been prepared, it may be administered by the nurse or an attendant.

The preparation of the patient consists in securing a thorough emptying of the alimentary tract. This may be well accomplished by giving a cathartic on the previous night, followed next morning by a saline, and, about two or three hours before administering the dose, producing a complete evacuation of the colon by means of enemas. If the complete preparation is not made, the enemas at least should be given.

The bulk of the dose should not exceed 60 mils (2 oz.). It should always be freshly prepared and administered lukewarm as an enema by means of a simple outfit suitable for the purpose. It is usually more convenient to administer the dose at bed time, with the patient lying on the right side, which position should be maintained for half an hour. It is a waste of time, useless, and unnecessary to attempt to administer the dose high up into the colon. The doses are best given twice a week, at intervals of three or four days. Mercury should be used in conjunction with the arsphenamine.

Quinine, sodium salicylate and various other medicines may be administered by this method with satisfactory results.

"IT takes great strength to bring your life up square
With your accepted thought and hold it there;
Resisting the inertia that drags back
From new attempts to the old habit's track.
It is so easy to drift back, to sink;
So hard to live abreast of what you think!

It takes great strength to live where you belong.
When other people think that you are wrong;
People you love, and who love you, and whose
Approval is a pleasure you would choose.
To bear this pressure and succeed at length
In living your belief—well, it takes strength
And courage too."
—Charlotte Perkins Stetson.

What Others are Doing

THE CONTROL OF DIPHTHERIA

There is a great temptation, when giving biologic remedies, such as, for instance, diphtheria antitoxin or bacterial vaccines, to assume that the mere act of injecting the serum, or the bacterin, constitutes all that is to be done. This, no doubt, is in part due to the, often, remarkable change for the better that is observed clinically in patients subjected to the treatment; it also may have to be ascribed to the fact that the mechanism of action in biologic remedies was not fully understood for years after their introduction, and that, even now, great differences of opinion exist regarding it.

Speaking of diphtheria antitoxin, it is to be kept in mind that, even after a patient, usually a child of school age, recovers promptly from the diphtheria, after the administration of the antitoxin (especially if this is done early), the recovery is entirely an individual matter; that is to say, the patient recovers and the diphtheria bacilli that may be present in his pharnyx no longer are injurious to this particular patient; his resistance having increased sufficiently to hold them in check. This does not mean, however, that these, the same diphtheria bacilli may not be capable of injuring other children, especially those who do not possess an active immunity against them by reason of prophylactic immunization.

A case in point is recorded by Dr. A. B. Gloyne, Health Commissioner of Kansas City, Kansas, who relates, in *The Journal of The American Medical Association*, for January 10th, an instance in which a child had been given antitoxin while suffering clinically from diphtheria. The physician in charge thought that, because antitoxin had been given, the diphtheria bacilli were killed and the child could safely be permitted to return to school.

In the course of one month, fourteen cases of diphtheria occurred in the district in which this particular child lived, and which is isolated by natural boundaries, as it happens, making a careful investigation quite possible. On taking cultures of the 367 school children living in this district, thirty-four carriers were found, among them the child who had recovered from diphtheria one month previously.

Doctor Gloyne placed all these carriers in quarantine and required two negative cultures from each of them before they were permitted to return to school. His conclusions, based upon the experience of this investigation, are as follows:

1. The swabbing of the throats of children should be a measure adopted at the outbreak of a single case of diphtheria in a school.

2. The quarantine of carriers is as essential as is the quarantine of those suffering from diphtheria, in the controlling of an epidemic of diphtheria.

3. Two negative cultures should be required as the minimum from all children who have had a positive culture. A negative culture means something, but, does not have the significance that a positive culture has.

4. Antitoxin has a very definite place in giving immunity against diphtheria, but, it does not kill the diphtheria bacillus; so, those who have had diphtheria may continue to be carriers for an indefinite time, if great care is not taken in getting at least two negative cultures from them.

5. Carriers usually clear up entirely without the use of antitoxin.

NEOARSPHENAMINE IN THE NON-SYPHILITIC

In the *Kentucky Medical Journal*, for May, appears a paper on neoarsphenamine as applied to non-syphilitic patients, the usual, recognized test having established this fact. Several cases are quite fully reported by the writer. One is that of a salesman affected with chronic eczema in-

volving the face, hands and forearms. After his receiving three injections, the lesions all disappeared. They reappeared a month later upon the hands only, when three additional injections were given, after which there was no recurrence.

The second report concerns an oil-driller suffering from malaria. His symptoms subsided within 24 hours after giving the first injection; since the last of three additional doses, given 10 days apart, no further trouble has obtruded up to the date of this report, which was six months ago. In a third case, the diagnosis was in question; muscular pains, swelling of the neck, emaciation and difficult speech being the notable symptoms. The Wassermann test was negative; no history of syphilis was disclosed. And, although the urine showed abundant albumin, the patient was almost well after six injections. A case of recurrent carbuncles likewise proved amenable to this treatment.

The writer concludes that neoarsphenamine is a good substitute for Fowler's solution in the majority of chronic cases without elicited specificity and in which arsenic is the indicated remedy.

INTESTINAL TOXEMIA

Burrows, in his paper (*Med. Rec.*, March 6, 1920) makes the subject of intestinal toxemia for the most part very lucid indeed, although some might differ with him in certain points. Clinically, two distinct trains of symptoms are noticeable in intestinal toxemia, one being of the digestive sort and the other nervous. In either case, the treatment is the same.

When the trouble is persistent, the author inclines to the belief that a local catarrhal process exists in the lower colon, which interferes with complete evacuation of the intestinal contents. The latter are more liquid than normal, their consistence, as they pass the ileocecal valve, not being adapted to efficient propulsion through the bowel. The intestine contracting upon this semi-fluid mass squeezes some of it forward and a good part backward, leaving residues, where none should exist, throughout the colon and rectum.

Certainly, local congestion should be suspected and looked for in such cases; it can be determined radiographically by means of the bismuth meal and, sometimes, with the proctoscope. But, often, no defined congestion will be found and efforts are in the main to be addressed to building up the general health, prescribing a more sensible diet, and combatting sepsis in the bowel with well selected intestinal antiseptics. Atony of the intestinal muscles is to be corrected, and the biliary function, if disordered, restored to somewhat near normal. Salines are deprecated when a catarrhal process is probable; however, in other cases at least, they certainly serve a good purpose, as, when quick elimination of food residuals is desirable.

Salol and sodium salicylate are recommended for use against intestinal sepsis. But, surely, the sulphocarbolates are better, when phenol-free and properly combined. As advised, it is well to give bismuth in addition, either as the subgallate or the subsalicylate.

The following observations are interesting:

Normally, the bismuth meal begins to collect in the cecum in two hours and is largely out of the small intestines in four to six, while the head of the column is at or past the middle of the transverse colon. In ileal and cecal stasis, considerable amounts remain in the ileum after six, twenty-four and, even, seventy-two hours.

The proctoscope will show a residue in the sigmoid and rectum, in colitis; also, excessive moisture of the mucosa, pasty, light-colored, sour-smelling bowel contents clinging to the rectal wall, whereas, in health, the rectum, after evacuation, is virtually free of fecal particles.

The ileocecal gut segments will not propel their contents onward when the terminal colon and rectum retain residuals such as are present in chronic constipation and catarrhal conditions of the colon.

Complete bowel evacuations are the secret of health.

FOR EMBARRASSED RESPIRATION

In the *Medical Record* (Oct. 25, 1919), appeared an appraisal of the drug, aspidosperma, which repaid reading. It was written by Wilcox whose reputation as a pharmacologist is well established. He thinks it a remedy of great value when respiration is embarrassed, as, in emphysema, chronic bronchitis, or chronic pneumonia. In many instances, he affirms,

relief is almost immediate. Given in proper doses, it relieves not only the dyspnea but also the cyanosis and sense of suffocation. It appears to assist the oxygenation of the blood, perhaps by stimulating the respiratory center. It may relieve symptomatic asthma when this is due to uremic conditions, but, when dyspnea is owing to cardiac hypertrophy relief is more certain, not only because of the depressant effect of the remedy upon the cardiac musculature but, as well, because of its action upon that part of the nervous system that governs the respiratory movements.

It is suggested that failure in the use of this remedy may in part be due to an inert or otherwise faulty preparation. The fluid extract, as ordinarily found on the shelves, is certainly unreliable as well as decidedly unpleasant to the taste. In fact, we are told here, that its expectorant effects are largely due to the nauseating quality of the galenical preparation. Astringency is marked in the fluid extract. As long as such galenicals are employed it is likely that "inexplicable failures" will continue to be reported.

Wiser is he who uses the alkaloid of the drug-plant, namely aspidospermine, either in the crystalline or the amorphous form. The characteristic action of the drug is thus to be had, definitely measured in terms of a fractional grain, without any of its undesirable complements. Small doses act best, increasing respiratory movements, slowing the pulse and lowering the temperature; nausea and vomiting are not produced except with overdosage; when the effect obtained is similar to that of apomorphine.

The action of this drug on the respiration is unique but it is inapplicable to the dyspnea of mitral insufficiency unless the cardiac lesion is well compensated by hypertrophy. Nor can it properly be called "digitalis of the lungs" since it relieves dyspnea whether from surely nervous disorders or due to anatomical alterations in the respiratory or circulatory apparatus.

NEPHRITIS

In a paper appearing in the *American Journal of Medical Sciences*, for March, Dr. Joseph Barach says, quite properly, that the acidosis theory of nephritis, up to the present time, has neither been accepted nor rejected by the generality of practitioners, after which he proceeds to give evidence in support of it.

Severe and prolonged muscular exertion, such as obtains in runners, is accompanied by circulatory disturbances sufficient to cause blood cells, albumin and casts to show in the urine. It is surprising to find how rapidly hyaline and granular casts are formed in the urinary tubules; so rapidly are they formed, in fact, as to be quite plenteous, forty minutes to an hour after such exertion. This suggests a direct relationship between pulse-pressure and urinary excretion, and, with observations on the renal function in various situations, leads to the conclusion: that, the more serious the disturbances of the general circulatory system, the more marked are the evidences of this disturbance in the renal circulation, as shown by the amount of blood and considerable degree of albuminuria.

Further, as demonstrated by Bornstein and Lippman, albuminuria and cylindruria, almost invariably present in such circumstances, is caused by the increased urinary acidity, the acid products of disorganized (increased) metabolism irritating the kidney. This certainly is interesting and important from the diagnostic angle.

Observations made upon fifty-seven runners and athletes by the writer himself proved this to be so. Of the urines examined after strenuous contests, participated in by these people, 85 percent showed an increased acidity, as well as albumin and casts, in the majority. It was found, moreover, that the albuminuria was most marked accordingly as the exercise engaged in was most strenuous.

If, as seems plausible, nephritis is caused or kept up by irritation of the kidneys from contact with acid products of a disordered body-chemism, or, in other words, by acidosis (and the view coincides with that of Myers) a certain line of treatment is suggested, namely, the giving of alkali salts for the purpose of neutralizing the plasmic acidity and facilitating elimination in the normal manner. As already said, in proceeding along this line, one will do well to choose the bicarbonate of calcium rather than the corresponding salt of sodium, because it appears to be more ac-

ceptable to the organism and may be quite freely administered, whereas the sodium salt is likely to prove injurious in overlarge doses.

INFECTED WOUNDS

In a paper on this subject (*Ill. Med. Jour.*, March, 1920) we find Fuller paying high tribute to the Carrel-Dakin method of wound treatment. He remains true to the original solution and the original technic, recommending it in glowing terms for the treatment of infected wounds, affirming that, while being no specific, it serves more effectively in such cases than any other known agent, and quoting Sir Anthony Bowlby who said that it renewed faith in antiseptic methods, and that, when thoroughly carried out, "it will do all its author claimed for it."

Here, though, is the point: While effective in trained hands, this original hypochlorite solution is not altogether likely to be so in less expert hands. In other words, it is difficult to apply. The fact is admitted in the present paper.

'It is, of course, exacting in its use if details are followed, but of such absorbing interest from the rapidity with which it changes the appearance of ugly wounds, that any exacting or time-consuming feature one might raise against it is of no consequence."

The further fact is brought out that the British medical officers who did not know how to use it eventually discarded it. Even Dakin himself discarded the solution in favor of modifications, ascribing the indifferent success that many have had to failure to grasp the details and the technic.

For, in truth, the original solution has drawbacks which will prevent its ever being very useful in civil life to the average practitioner. First, it is not stable and one can never be sure at any time, when occasion for its use arises, how strong in chlorine it is or how germicidally efficient, except by titrating it each time. Then, too, the solution, assuming it to be fully chlorine-active, as freshly made and used on the spot, is quite prone to be irritating and it always is, above 0.5 percent, while under 0.45 percent it has no germicidal power at all.

The best results possible with the hypochlorite solution are, in point of fact, possible with the modifications in the form of the chloramines, of which two are now quite well known. Both are available in quite permanent and convenient tablet form, each tablet containing 4.6 grains of the antiseptic agent. One is soluble in water, wherefore solutions of any desired strength can readily be made. The second, however, is soluble as yet only in oils; several have been tried as solvents but the best was found to be, paraffin of low gravity saturated with chlorine gas. This latter, chloramine, has tremendous antiseptic power, as is appreciated on learning that it will do in one-half minute, by test, what phenol requires at least twenty-four hours to do, and bichloride of mercury seven hours. For most surface wounds and skin infections, the strength advised is 5 percent; for nose and throat application, 1 percent; and for ocular use, ½ percent. With this chloramine, it is necessary to make up solutions as needed, extemporaneously or at rather frequent intervals; for, light, air and moisture decompose them and at best they will not keep longer than four to six weeks. Decomposition is denoted by cloudiness and, finally, by a precipitate; also by increasing acidity, as shown on litmus paper.

The second chloramine is not so active but, still, quite enough so for usual purposes, if not indeed for all. In ordinary practice, it meets the requirements of a ready all-round antiseptic; it is soluble in water; it is quite stable, both in solution and in powder combination; it is virtually non-poisonous and non-irritant to skin and mucous surfaces.

These chloramine antiseptics are, certainly, among the greatest assets lately acquired by the medical profession. Without denying that the original hypochlorite solution, in skilled and painstaking hands, is quite satisfactory, it may be affirmed that the newer chloramines are best for general use, in view of their advantages as here given.

Let's Talk it Over

Scientific Food Preparation

4. Compatibility of Foods

DIGESTION is a chemical process, while it is also mechanical and mental; and, compatibility demands consideration in the preparation and mixing of foods as much as in the preparation and mixing of medicines—if the single remedy or monodiet, respectively, is not the rule, an extreme that (although sometimes ideally correct) is not the best general practice, certain combination of drugs and of foods being far more effective than the single remedy or monodiet.

Sugar and alcohol, egg albumen and strychnine, differ less than we are apt to think; as does also the chemical action of malic (apple) and lactic (buttermilk) acids on starch,—or, rather, their neutralizing of alkalinity of the saliva, largely preventing digestion of starch, thus favoring fermentation, or the abnormal coagulation of albumen by heat above 160° F. and by all acids but the organic hydrochloric of the gastric secretions. These are chemical facts far more worthy of consideration than those that may determine life or death in the combination of drugs, since, aside from the not-infrequent death due to heart failure caused by acute indigestion, following a meal of incompatibles, chronic indigestion and the disorganization of the secretions (which appears to be the prime cause of cancer, are due chiefly to continuous incompatibility of foods.

When, twenty years ago, I began an investigation of this subject, not a word was to be found in any standard work on incompatibility of foods; and when, in 1907, I was "proving" the incompatibilities of the principal foods, in the laboratory of a Chicago medical school and with a squad of men at home, I appeared to be almost as crazy as Harvey who "fell mightily in his practice because it was believed by the vulgar that he was crack-brained and all the physicians were against him."

Standard works on dietetics published within the past five years ignore or ridicule the claims of compatibility (including one by a professor of dietetics in a leading post-graduate medical school, although there is, now, sufficient recognition by the most eminent authority to establish its importance beyond cavil.

More than ten years ago, the manual of the Illinois State Board of Health on the prevention of tuberculosis, advised that "the foods eaten at a meal should be digestible in about the same length of time" (I quote from memory), a recognition of the first and most obvious rule of compatibility. And, Sir Lauder Brunton, in a recently published book, advises that the albumen and the yolk of an egg be given separately. A member of the Philadelphia Medical Society, reporting results of an investigation of digestive disturbances in children, a few years ago, said that he had found milk and chipped beef to be incompatible (*Medical Record*).

My own interest in food compatibility originated in the observation that the mortality among nearly a hundred children in a boarding school, where I was pupil and teacher for eight years, was less than 1 percent on an extremely uniform wholesome ration, while among the young officers of the school, living on the fifty-one varieties of foods, it was the average or more, a circumstance that I have fully explained in CLINICAL MEDICINE for May, 1920.

Pavlav discovered that each food produces or tends to produce, its own peculiar secretion. This suggests the third rule for compatibility: The foods eaten together should be such as digest in about

the same manner. Flesh and fruits are especially incompatible under this rule; bread and milk are especially compatible.

Fats prevent the digestion of protein and starch by retarding the mixture of the digestive secretions. For this and other reasons, fats are best eaten with fruits.

In the preparation of all made dishes and in the arrangement of the menu, especially of the invalid, compatibility should be duly considered.

This is the first statement, outside of my own publications, so far as I know, of my principles of compatibility, although lists of compatibles and incompatibles have been published, without mentioning investigation or principles.

THOMAS J. ALLEN,
Eureka Springs, Ark.

EXECUTION OF OFFICIAL ORDER FORMS FOR NARCOTIC DRUGS

From the Internal Revenue Service of the U. S. Treasury Department, Chicago, Illinois, the following information regarding the making out of orders for narcotic drugs has been received recently. We think it advisable to give publicity in CLINICAL MEDICINE to everything on that subject that comes to us officially; for the reason that, so often, an authoritative ruling is desired. The communication from the Internal Revenue Service is as follows:

"It has come to the attention of this office that manufacturers and wholesale dealers of narcotic drugs and preparations are experiencing considerable difficulty in securing the proper execution, by customers, of orders for narcotic drugs. The following is given for your guidance when ordering narcotic drugs or preparations, in the future.

"1. Order must show class in which registered. Narcotic drugs, whether on official forms or for exempt preparations which are not on official order forms (Art. 147), must bear name, address, registry number, and class or classes in which registered (Art. 21), of the purchaser. Where official order forms have not all this information imprinted on the blank, information which is lacking should be inserted by the purchaser on order before forwarding it to the manufacturer or wholesale dealer.

"2. Signature must be in ink or indelible pencil. The signing of narcotic order forms with the name of a firm, corporation, etc., without indication of individual responsibility is not permissible. Neither may the name of the person who is individually responsible be printed or stamped; but the signature of the person signing the application for registration (Art. 8), must appear in his own handwriting and signature and, must be in ink or indelible pencil.

"3. Entering of items. It is noted particularly that in many cases the name of the particular narcotic drug contained in the preparation is omitted in entering the item on narcotic order forms, usually, where the preparation has a trade name, contrary to the provisions of Article 109 of Regulations No. 35, Revised November, 1919, a copy of which was furnished you. As it is extremely important that a strict compliance with Article 109 above mentioned be had, and as manufacturers and wholesale dealers will in the future refuse to fill order forms which are not prepared in strict accordance therewith, you are requested to read carefully Article 109 and deviate in no degree from its provisions in preparing narcotic order forms in the future.

"4. The attachment of extra sheets to order forms is not permitted; if one order form is not sufficient to include all the items of one order, order may be continued on the reverse side, or a second form may be used.

"Your compliance with the provisions of paragraphs enumerated above will save delay in the handling by manufacturers and wholesale dealers of your orders for narcotic drugs and preparations.

"Should you have mislaid copy of Regulations No. 36, to which reference is made above, an additional copy will be mailed you upon request."

H. W. MAGER, Collector,
Internal Revenue Service.
Chicago, Illinois.

TREATING OPIUM ADDICTS: LAW AND SCIENCE COLLIDE

While physicians are not supposed to do their medical reading in the newspapers, occasionally the "health" columns, maintained by most of the metropolitan dailies, contain information that even the erudite practitioner may absorb with benefit. Such popular medical writers as Dr. W. A.

Evans, of the *Chicago Tribune,* Dr. Wm. H. Brady, of the *Chicago Daily News,* and others, frequently provide interesting discussions.

A recent article by Doctor Evans, taken from the *Chicago Tribune* (July 15 and 16), is especially noteworthy and worthy of being reproduced for the benefit of physicians generally. Doctor Evans says:

"A prominent New York physician, Dr. E. S. Bishop, is awaiting trial on charges of violating the Harrison antinarcotic law. Doctor Bishop is a professor in a medical school, a member of the American Medical association, the American Public Health association, his state and local medical societies. He is a man with a large consultation practice in diagnosis, and has had service as the medical attendant on the alcohol, narcotic and prison service of Bellevue hospital of New York City.

"Doctor Bishop's claim is, that his practice is in accord with his medical opinions, that his medical opinions are based on a large experience, that they can be successfully defended scientifically, and that he has the right both to his opinions and to practice under them, especially so long as it cannot be shown that he has been actuated by desire for money or gain of other sort. Our interest is in his views on morphine addiction and methods of curing the addict.

"His theory is, that morphine addiction is a definite disease and the morphine addict is a sick person. According to the theory, when a person has become addicted to the drug, he acquires an ability to make an antibody for it which bears somewhat the same relation to the drug that, say, diphtheria antitoxin does to diphtheria toxin. When an addict takes his accustomed dose of drug, it balances his antibody. When he is not under the influence of his drug, he has symptoms due to the effects of the antibody.

"These symptoms are as follows: Vague uneasiness, restlessness and sense of depression and weaknesses, followed by yawning, sneezing, sweating, excessive mucous secretion, nausea, vomiting, purging, diarrhea, twitching and jerking; intense muscular cramps and pains, abdominal pains and distress, irregularity of the pulse, 'poor circulation,' lowered blood pressure, face drawn and haggard, pallor deepening to grayness, exhaustion, collapse, and, in some cases, death.

"Doctor Bishop has seen some cases in which death has been due to opium-addiction disease and not to any intercurrent malady. When an addict comes from under the influence of his drug, these symptoms develop in the order named. The pain, suffering and eventual collapse are just as real as these symptoms ever are in any disease. When a full dose of drug is given, the symptoms disappear in inverse order to that in which they appear.

"The dose necessary to establish the drug balance can be very definitely determined. This balance can be maintained for as long as a day. It is better to give the dose necessary to maintain balance as a single daily dose than to divide it into several doses. When an individual is in drug balance, there are no symptoms by which the addiction can be determined.

"It is only when too little or too much has been given that drug addiction is suspected.

"Doctor Bishop holds that the opium addict is in no proper sense a degenerate. Nor is he fundamentally more weak-willed than his fellow man.

"Of course, there are degenerates among the opium addicts, just as there are in any other large group of men. Naturally, the group of addicts includes some thieves, liars, pickpockets, and murderers.

"What group of several hundred thousand does not? How many normal, average persons, could stand the pains an opium addict suffers without calling for help? If they are to be called weak-willed, then the opium addicts can be so designated, but, on this standard, how few people are strong-willed?

"He brings forward the testimony of a great many opium addicts that the pleasurable emotions, erotic dreams, and beautiful fancies which several literary characters have written about and which most people think responsible for drug addicition are pure fabrications and have no basis in experience.

"Most people who become drug addicts acquire the habit innocently and unconsciously. Before they got the habit, they were just ordinary, every-day people. A few days or a few weeks of some painful disorder, for which medicine was taken, and, before knowing it, they were in the grip of habit.

"In the group of addicts are many persons who take enough drugs to keep themselves in drug balance, who do not increase their dose, who go on discharging the duties of life satisfactorily to themselves and to everybody else, and are never suspected of being drug users.

"The addict can be cured of his habit without great difficulty, provided that his physician knows his business and goes at the cure rightly. Preliminary to the treatment, the subject must be put in proper physical, mental, and spiritual state.

"Whatever physical condition he has that needs remedying, must be remedied. His organs of elimination must be in good working order. Doctor Bishop does not believe in violent purgation. The intense calomel purgation given in so many of the advertised cures for the habit, he thinks, does more harm than good.

"He does not believe in the gradual-reduction method. He thinks it does not work, even in institutions, and cannot work where the subjects are free to come and go. The subject being in good physical, mental and spiritual condition, he quickly withdraws the drug completely. During the period of withdrawal, the blood pressure and pulse are watched and shock is not allowed to go too far.

"It is Doctor Bishop's opinion that none of the advertised cures is in any sense a specific or in any proper sense a cure. The hyoscine and atropine preparations are helpful in relieving symptoms, but, they are not specific.

As soon as the acute stage of drug hunger is passed then, a plan for building up the system is begun."

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[We are in sympathy with the effort of our Government officials to suppress the illicit sale of narcotics and to punish every person who panders to human weakness and vice. But, it is absurd to claim that Doctor Bishop is such a panderer—is doing a criminal practice. He is known to be one of the leading authorities, in this country, on the narcotic-drug disease. His book on this subject is a standard. He has treated hundreds of addicts successfully. Few men are doing more for the relief of human suffering than he is doing. His methods of treatment are deserving of the earnest study of everyone coming in contact with opium addicts, and should be helped, not, hindered by those in authority. The prosecution of men like Doctor Bishop is doing much to break down respect of our government, and to engender hatred for our oppressive paternalism. When will this lesson be learned?—Ed.]

SUN STROKE AND HEAT STROKE

The article on sun stroke and heat stroke, in the August number of Clinical Medicine, suggests additional treatment that is used in veterinary practice for the treatment of heat prostration in horses.

Heat prostration is frequent in horses during the hot weather, especially those animals that are working on the heavy harvesting machinery. Where three horses are working abreast, it is usually the middle horse that is most frequently affected by the heat. This is probably due to the lack of free circulation of air as well as the heat radiated from the animals on either side.

One of the first symptoms noted in heat prostration in horses is, the sudden checking of the perspiration. There is also a very anxious expression of the countenance; the heart's action is usually weak, with the temperature running very high.

In addition to the showering with water and treatment suggested for the sthenic type, in Clinical Medicine, veterinarians use enemas of cold water; where it is practical, an electric fan turned on the animal is very beneficial. Injections of camphor in oil into the muscles are also beneficial, particularly where the heart action is weak.

N. S. Mayo.

Chicago, Ill.

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[The enema of cold water and the electric fan appeal to us as splendid measures in aiding to overcome heat stroke.—Ed.]

NEW CONDITIONS GOVERNING REINSTATEMENT OF WAR RISK (TERM) INSURANCE (EFFECTIVE JULY 1, 1920)

New conditions under which lapsed or canceled War Risk (Term) Insurance may be reinstated, generous in scope, and of vast importance to millions of former service men throughout the country, are announced by Director R. G. Cholmeley-Jones of the Bureau of War Risk Insurance with the approval of Secretary of the Treasury, D. F. Houston.

The new ruling is officially designated as, "T. D. 61W. R.," and is effective July 1, 1920. The features of maximum interest to former service men provide for reinstatement, or reinstatement and conversion, of lapsed or canceled War Risk (Term) Insurance under conditions substantially as follows:

Two Monthly Premiums.—1. *In all cases, the applicant must tender at least two monthly premiums on the amount of insurance to be reinstated, or reinstated and converted with his application.*

2. *The applicant also must comply with the following requirements in reference to health to the satisfaction of the Director of the Bureau of War Risk Insurance.*

When insurance lapsed or was cancelled prior to July 1, 1920, *and when application is made within eighteen months succeeding the month of discharge or resignation, but prior to January* 1, 1921:

The applicant must be in as good health as at the date of discharge or resignation, or at the expiration of the grace period, whichever is the later date, and so state in his application.

The foregoing is an extremely liberal provision and represents an opportunity for a very large class of former service men to reinstate any time up to January 1, 1921, without a medical examination, by simply paying two monthly premiums on the amount of insurance they wish to rein-

state and making their own statement of health with application.

On and after January 1, 1921, *and prior to July* 1, 1921, *in cases where insurance lapsed or was canceled prior to July* 1, 1920, *and regardless of how long applicant has been discharged subject to the approval of the director*:

The applicant must be in good health, and shall forward for the consideration of the Director a signed statement that he is in good health and also a report of a full medical examination, made at the applicant's expense, by a reputable physician licensed to practice medicine.

Reinstatement or reinstatement and conversion of war risk (Term) insurance lapsed or canceled on or before or after July 1, 1920. *Subject to the approval of the director*:

(a) Within three calendar months, including the calendar month for which the unpaid premium was due, provided that the applicant is in good health and so states in his written application.

(b) After three months, including the calendar month for which the premium was due, and within six calendar months, provided that the applicant is in as good health as at the time of application for insurance and so states in his application for reinstatement and further, that he substantiates his application by a short medical certificate, made at the applicant's expense by a reputable physician licensed to practice medicine.

(c) After six months, and within eighteen months, including the calendar month for which the unpaid premium was due, provided that the applicant is in good health and so states in his application for reinstatement, and further provided that such application is substantiated by a report of a full medical examination made at the applicant's expense by a reputable physician licensed to practice medicine.

GOOD LOCATIONS FOR PHYSICIANS

Seeing that you like to be informed of locations that are going to be open for physicians, I am sending information as to Raymond, South Dakota, as I am retiring about the first of November next and this place will need a good live doctor. I have done well here. The collections are practically 100 percent and it is a very rich community.

Raymond is a town on the Chicago and Northwestern Railroad, some 43 miles west of Watertown. It has electric lights, expects to put in waterworks next year. Population about 300; large surrounding territory; good highschool, worth $25,000.-00; new Presbyterian Church, just completed, $9,000.00; Presbyterian Manse; two banks, deposits of which are over $500,000; five elevators; cattle and hog yards. There are two butcher shops, three stores. Best soil in South Dakota.

I want $200.00 for good will and some office fixtures which I will not move as I am going to California. There are four nice rooms, upstairs over bank, especially fitted for doctor and family. There is one drug store. Good live American community.

S. D. Sauer.

Raymond, South Dakota.

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Retiring from general practice, I offer for sale a small drug store in growing town on main line Union Pacific Railroad; splendid opening for druggist or physician who wants to locate in town of six hundred inhabitants. Excellent climate, fine water, highschool facilities, large crop this year. I have made money here, but want to specialize and move to city. Should any physician be interested, I will gladly give further details.

I. W. Brooks.

Pine Bluffs, Wyoming.

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We are informed that Paw Paw, Michigan is a splendid location and is greatly in need of another physician.

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Mr. Ed. H. King, 913 N. Broadway, Joliet, Ill., has opened a drug store in a foreign neighborhood in that city. He would like to have a physician to establish an office there as the opportunities seem to be excellent, no physician being, at present, in that neighborhood.

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One of our correspondents is very anxious for a chance to locate in the state of Connecticut, either in practice or in partnership or as assistant with another medical man.

This 'Good Location" service evidently has met with the approval of our

readers. We shall gladly continue it as long as it is called for.

NATIONAL ANESTHESIA RESEARCH SOCIETY

The officers of the National Anesthesia Research Society have been advised of several research workers who will present the results of their experiments and observations at the annual meeting of the Society at Hotel William Penn, Pittsburgh, October 4-8. Prizes aggregating $200 have been offered for the best research papers submitted.

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Within 30 days after the challenge of Indianapolis, Toledo replied with 100 per cent enrollment of its recognized anesthetists, as members of the National Anesthesia Research Society. The Society, only six months old, already has a membership closely approximating much older institutions, and is already represented in 26 states and Canada.

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A correspondent of the N. A. R. S., writing of the conference of anesthetists held in connection with the Fifth Annual Convention of the Catholic Hospital Association at St. Paul, says it was decided that ether with nitrous oxid-oxygen is the safest anesthetic. Chloroform was in disfavor because of the large number of casualties from anesthesia said to result from its use.

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The N. A. R. S. has been advised that 14 county societies in California have adopted resolutions within the last few months reading "That we favor the limitation of the administration of anesthetics to regularly licensed physicians and surgeons."

In connection with this county movement, the N. A. R. S. is advised that the House of Delegates of the California State Medical Association, meeting at Santa Barbara, took formal action:

1. That the administration of an anesthetic is always the function of a legally qualified medical practitioner.

2. That the administration is best performed by physicians specially trained or who have made a specialty of this subject.

3. That wherever available, hospitals and public institutions, where anesthetics are administered, employ only physicians as anesthetists.

4. That this Society condemns, under all circumstances, the training and qualification of lay persons as anesthetists.

5. That no hospital shall be deemed to have acceptable standards which charges a fee for an anesthetic unless such anesthetic has been administered by a legally qualified physician.

F. H. McMechan,

Avon Lake, O.

CARSICKNESS AND SEASICKNESS

In the June number of The American Journal of Clinical Medicine, page 415, there is a short article by Doctor Buck on the treatment of sea- and carsickness with calcium sulphide plus a "clean up, clean out, and keep clean" ally. I am of the opinion that the doctor is correct as regards the influence of the clean-up on the system, not only upon "mal de mer," but upon all form of nervous disorders. But, my thought is, that the doctor has taken effect for cause. Several years ago, before giving the lady on a train cactin for carsickness, I had become convinced that the stomach was not the real seat of the trouble. My observations, as well as those of some others, lead me to place the real part affected as the middle of the subtemporal gyrus of the brain, the seat of equilibration.

An illustration: A six-year-old boy twists up in a rope swing and then lets the rope rapidly untwists; he falls out dizzy and vomiting. A granule of cactin quickly relieves both dizziness and vomiting. The motion of the car and the rolling of the ship are to those susceptible what the twisted rope was to the boy.

My thought then is, that seasickness is primarily a nervous disorder, and that the effect on the stomach is a reflex through efferent fibers, perhaps through the pneumogastric. That cactin is a heart tonic, is perhaps unquestioned, and it probably acts through the heart branch of the same nerve. What is the direct action of calcium sulphide, in this case, is a question that I will not attempt to decide, still, my observation is, that a large percent of nerve disorders is due to a retention of fecal matter in the alimentary tract. That cac-

tin is a specific in car- and seasickness, is evidenced from a large number of cases coming under my observation in none of which was there any suggestion of any other treatment.

G. H. French.

Carbondale, Ill.

A REMEDY FOR SEASICKNESS

In the June issue of Clinical Medicine, Doctor Buck gave a very interesting report of his experience in the use of calcium sulphide as a preventive of seasickness. His observations and the Editor's comments on the treatment are of more than passing interests. Those who may have occasion to try out Doctor Buck's remedy will be able to give us further information. Any remedy that may prove efficient in this malady will be welcomed by the profession and highly praised by those benefited by it. Since the subject has been brought to our attention, I thought it might be of further interest to relate some experiences.

For a number of years, I lived by the seaside and my practice often made it necessary for me to make ocean voyages of varying distances. I have sailed the seas in all the different conditions of weather and in all sorts of craft. In the majority of instances, I had no sensations of seasickness, but, occasionally, have been quite sick; so, I understand just how one feels and am able to sympathize with those thus affected. Having been in close contact with so many who have had to sail the seas, I have learned of many different remedies that have been recommended for seasickness. Some of these seemed to be helpful in some instances but of no use in others. Potter in his "Materia Medica," mentions more than twenty different remedies that have been recommended and used for this purpose. This all goes to show that no specific has yet been found for the relief of this trouble.

One time, when making a voyage on board a steamer, the passengers were lolling on the deck and discussing the subject of seasickness. Some had not experienced the sensations but most of them were only too familiar with them. After all had made their remarks and told of the different remedies they had heard about or used for this malady, the Captain spoke and said, "I have sailed the seas for more than thirty years and have heard of many different remedies for seasickness but have seen very little if any benefit from any of them. In some instances, those who have used the remedies were not sick; still, it is very probable that they would have not been sick if they had not used them. Some who used them were sick just the same. There is but one remedy that I can recommend. It is a sure preventive and never fails. It is this—let the one who is troubled with seasickness get into the shade of some pleasant tree and never attempt a voyage on the ocean."

Some, however, are obliged to make voyages, while there are many others who wish to do so. For this reason, it is right and proper to take precautions and use every consistent endeavor to keep such well while on the seas. Many of those who at first are troubled with seasickness overcome the tendency after sailing a number of times; there are some others, though, who never are free from it.

My theory has been the same as that suggested by Doctor Buck, that much depends upon the condition of the alimentary tract. Repeatedly, I have observed that those who have a sluggish colon, and constipation, and who seldom go to sea are quite invariably sick when they do make a voyage, while the same persons have no sickness when the bowel has been thoroughly cleaned out before sailing.

My practice has been, to recommend a thorough cleaning out of the alimentary tract on the day before sailing, and to give proper attention to the bowel during the voyage. Often, this has been all that was necessary. Among the various different remedies which I have employed, sulphonmethaine (sulfonal) has proven quite satisfactory. Proper attention having been given to the bowel on the previous day, 5 grains of this remedy may be taken half an hour before or immediately on going on board. If the sea is somewhat rough, one should lie down for an hour or so before attempting to get about on deck. If the sailing is to be at night, one may take the remedy and go immediately to bed. Usually, he will be able to get about, the next morning, without having disturbed sensations. In some instances, it is advisable to repeat the dose in the morning.

Last summer, while I was in the east. I had the pleasure of meeting Major A. E.

Lemon, of the Medical Corps, U. S. Army. The Major had been through the severe experiences with our army in the European war and, for some months, he had been sailing back and forth between New York and France, bringing our boys home. His own experience with seasickness, as well as that of the boys, caused him to study the problem with considerable interest. He said that he had found a remedy which, in so far as he had applied it, had been effectual in every case. He had used it upon himself as well as upon the soldier boys, and found that it invariably cleared up all the symptoms, making it possible to take meals regularly and enjoy the voyage. He had applied the remedy to men who were so sick that they could not raise the head, with the result that, very soon, they were able to get about the deck with no inconvenience. Those who applied the remedy before getting sick did not get sick at all. In some instances, the removal of the remedy caused sickness to be manifested; however, the sickness disappeared as soon as the remedy was reapplied. From this, it may be concluded that the theoretical considerations of Major Lemon are correct.

Major Lemon's theory was, that seasickness resulted from a marked disturbance of the equilibrium control. The unusual disturbances of the centers of equilibrium prevented the transmission of normal impulses between the viscera and the higher centers so that confusion resulted and equilibrium was unstabilized.

The treatment consisted in directing measures toward the prevention of unusual sounds or impressions entering the ear and thus saving many confusing impulses from being transmitted. To accomplish this end, he plugged the external auditory canals with cotton or gauze. This shut out many of the impressions that are received through the ear but did not materially interfere with the hearing of the conversation when reasonably close to the speaker. However, it stopped the seasickness. Having tried this method in so many cases and having found it so satisfactory, the Major was pleased to pass along the word to those who could make use of it. No medicines were used, although it is advised that the bowels should be kept in regular order. Let us hope that some of those who may find opportunity to make use of either Doctor Buck's or the Major's remedy for this very unpleasant malady may give a report on their results.

A. J. Hetherington.

Boulder, Colorado.

MY VACATION

I am browsing in the country now, close by the river side.
I am sluicing down the water pure and clear,
I am sleeping in the open, while the stars are looking down,
And I'm breathing in great gulps of atmosphere.

When at last the day is ended, and I'm tired as a Turk,
My thoughts steal to my home so far away,
I seek my little narrow cot, and try to get some sleep,
But I find a million 'skeeters there at play.

Very early in the morning, ere the sun begins to peep,
Just as you feel you're drifting off to sleep,
The cattle start their bawling, and the sheep begin to bleat.
How you wish the whole caboodle in the deep!

The bullfrog in the rushes is yodling to his mate,
The cricket keeps on chirping night and day,
You gather up your frazzled nerves, and say a little prayer;
But that prayer is vain; those pests are there to stay.

Last night, we had a gentle rain, at times it was a pour;
The water soaked my cot, and drenched the floor.
When I got up to dress this morn' it almost made me swear,
I tried to find some dry clothes—none were there!

The little active ants are here, and busy as can be,
They're scouting 'round the bacon, I think a million, three.
Oh, this is just the place to come, if sick of city life,

You'll go home and love your neighbor,
and your wife.

F. B. WARNOCK.

Sioux City, Iowa.

LETTERS FROM FRANCE XXIV*

The work of the American University Union in Europe is to be continued on a permanent basis, following the lines which rendered it invaluable from its very inception, in 1917, almost immediately after the United States joined in the war.

Beginning with the Paris headquarters, the Union speedily extended its operations to London and Rome, and to such good effect that the highest educational authorities in France, England, Italy and the United States have been very cordially sympathetic towards the work of the Union and interested in its possibilities for development as a connecting link between the universities of America and Europe. Several other organizations whose aims are similar either have merged or agreed to cooperate with the Union..

Of particular importance is, the prospective *Maison des Etudiants* (students' home) for which the City of Paris has given a plot of land valued at more than 500,000 francs, admirably situated between the Sorbonne and the *Ecole des Beaux-Arts*. On this site, it is proposed to set up a building for the permanent home of the University Union, which, in the meantime, is occupying temporary quarters in Paris.

The aims of the Union will be, to serve as an educational clearing-house—as a center for gathering and transmitting information concerning educational matters; as an organization ready to further by every means in its power the interests of American students abroad; as a meeting place for American students and professors and their friends, especially including French students and professors. A great feature will be, naturally a library particularly rich in books concerning all phases of American literature, life, history and institutions. An auditorium also is planned. The staff of the organization will be in a position to aid Americans in France, to furnish to French people information about American educational institutions, and in general to act as an agency for encouraging—within its particular sphere of activity—international cultural relations.

It may be recalled that, during the war, 30,000 American university men registered at the Union offices in Paris, London and Rome and that many of them were assisted in various ways. About half a dozen leading American universities maintained separate offices in the Paris headquarters, but the men who registered came from more than 500 different educational institutions, about 140 of which were members of the Union and contributed to its funds.

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Since the American army has become a vanishing factor in Parisian life, several aspects of the capital are changing. Nowhere is this more noticeable than in the Rue Caumartin. The American Y. W. C. A. Hostess House (the Hotel Petrograd) has closed its doors after nearly two years of open hospitality, and that narrow but busy thoroughfare has lost much of its American appearance.

It was in December 1917, that the Y. W. C. A. took over this hotel. America was not yet in the fray as an active factor, but, already, American women welfare workers were coming over, and the difficult conditions of living in Paris made it necessary that these workers should have a hotel of their own. The first Y. W. C. A. group of three, Miss Mary Dingman, Miss Harriet Roelofs, Miss Katy Boyd George, together with Miss Blanche Geary and Miss Jean Cavers, ventured to take over the Hotel Petrograd, even though Paris might fall.

From the beginning, the hotel has been filled with British and American war workers. It was the center of the world to war-working women during those darkest days that stretched from March to July 1918. Women in every variety of uniform, the Red Cross, the C. A. R. D., the A. F. F. W., the Y. M. C. A., the B. E. B., the S. W. H., the A. W. H. and all the other organizations came to its shelter. And they came from Palestine, Russia, Roumania, Africa, South America, as well as from the countries and the armies of the Allies.

It was entirely a woman's hotel, only the concierge being of the "stronger" sex. It endured the bombardments undismayed, unterrified, and the nightly processions down to the cellars, following on the shrieks of the Siren, have an amusing

*It is to be kept in mind that this letter was written several months ago.—ED.

aspect in retrospect. When Paris became a "leave area" for men and officers of the American Army, the Hostess House took on more the appearance of a hostess house in America; the khaki throng made it its own. Always the men knew where they could get an American square meal and the opportunity to talk with a regular American girl.

The Hotel Petrograd has served 312,500 meals and its 128 rooms have been elastic enough to shelter all the army women, or at least nearly all: there have been nights when every chair in the salons was occupied by late-comers. All that is over, the doors are closed, the lights are extinguished, the house is "dark". The performance is over.

There still are two hostess houses remaining in Paris for the coming winter, however: the Hotel Oxford and Cambridge, in the Rue Saint-Honore, a home for permanent guests, and the *Hôtel du Palais Royal*, in the Rue de Valois, near the *Louvre*, which has become a club for American women, and is especially famous for its teas. In the provinces where the Y. W. C. A. had a dozen hostess houses, at Tours, Bordeaux, LeMans, Saint-Nazaire, Chaumont, Toul, and also at Neienahr, there is left only that at Brest. One has been opened at Coblentz.

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There is more music, after a manner of speaking, to be heard these days in the Rue de Chevreuse than perhaps in any other street in Paris. That is because the American Red Cross now has its headquarters there.

Months ago many organ-grinders laid in a great supply of American records, or whatever it is that produces socalled music in a hand-organ—all the jass favorites, and some not so favored. While the "boys" were here, these tunes made a great hit. Now, that most of them have gone, the perambulating musicians have observed a falling off in the popularity of jass and have had to seek the quarters where the few remaining Americans abound. Hence the Rue de Chevreuse, where there still are "sous" to be had in return for rag-time.

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An American officer, sailing by the "Lorraine", which has just left for New York, had some business to wind up with the A. E. F., so that when he reached Havre he sought the United States Army Headquarters. After considerable questioning of various hotel porters and cabdrivers, he was told that the American camp was about two miles out of the city. There, accordingly, he went, in a taxi. The camp was there, but, the Americans were not. Alone Old Glory flew from the top of one barrack building, and a pile of swept-up refuse showed comparatively recent occupation; still, only the scuttling of rats answered the officer's knock on the door.

He came back to town. Driving up the Boulevard de Strasbourg, he saw a sign, "To U. S. Army Headquarters", and a finger pointing. Taking the direction indicated, he came to a large building, in front of which, in the gutter, there were two red tobacco-tins and three pieces of chewing-gum wrapper. Sensibly concluding that here was headquarters, he knocked. Again no answer. A neighbor volunteered the information that the Americans had moved to another and smaller office near Quai George V.

To Quai George V, he went and after some search found a sign on the door, "U. S. Headquarters Two Flights Up". He mounted the two flights; again he knocked at various doors, and again no answer.

"It's no use", he said despondently to his driver, "the American Army has left France all right, I guess".

Back at his hotel, he saw a captain in the Engineers sitting at a table sipping a citronade. With the easy camaraderie of the Army, he sat down alongside and unburdened himself.

"This", he asserted, "is the first town I've seen in France where there isn't an American detachment. I'm beginning to believe that it isn't all stuff about the Yanks going home, after all."

"Why", said the Captain, "there is an American detachment here."

"There is?" asked the surprised officer. "Where?"

"Headquarters are here in this hotel."

"What! Can I see the first sergeant?"

"He's here."

"And the records clerk?"

"He's here."

"And the officer of the day?"

"He's here."

"And the C. O.?"

"He's here, too."

"What! They keep a whole detachment here in the best hotel in town?"

"Uh-huh. You see, I happen to be detachment."

The captain is here straightening out the tangled records of the port.

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To show my American readers that they must safe-guard their pockets abroad as well as at home, I reproduce the following letter.

146 Ave. des Champs-Elysées.
Paris, August 17, 1919.

To the Editor of the *Herald*:

I relate the following for the benefit and comfort of the many Americans visiting Fontainebleau at this time.

Coming from the Château across the wide, stone-paved court the heat was aggravated and I invited my companion to go to the beautiful hotel-café immediately across the street from the main entrance gates, where we ordered two grenadine syrups with charged water, for which the waiter later demanded seven francs fifty, which I refused to pay. After a disagreeable encounter with waiters and proprietor, I was let off with the payment of three francs fifty.

We arrived too late for the train we expected to take and, being compelled to wait an hour, took seats beneath the branches of a great oak shading the front of a simple station café and ordered the same drink we had at the Chateau café, and for which we were charged seventy-five centimes each.

B. Sherwood-Dunn.

Paris, France.

RED CROSS NOTES

A standard emergency-surgical-dressings parcel, to be produced by Red Cross chapters, and to be kept by them in quantities sufficient to meet readily whatever emergencies each chapter feels may be expected, has been adopted by the American Red Cross. It has been officially endorsed by the Surgeon General of the Army, the American College of Surgeons, the Surgical Section of the American Medical Association and the Conference Board of Physicians in Industrial Practice.

A manual of instructions for the preparation and production of the parcels has been issued to the chapters, and supplies will also be sent them.

The parcel is wrapped in heavy brown paper, sterilized and paraffined, and contains 10 gauze compresses, 1 absorbent pad, 1 rolled wadding bandage, 1 muslin bandage, 1 gauze bandage, 1 triangular bandage and safety pin.

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The universal diet of polenta, and life in the unhealthy marshes surrounding the town, have caused the deaths of thousands of Italian charcoal burners in the district about Citta di Castello within the last few months. Pellagra, malaria and influenza have caused these deaths, according to Italian and American Red Cross doctors who have been investigating the situation.

The great number of deaths has created an orphan problem which the American Red Cross and the Italian authorities are doing their best to remedy. A colony has been established at Citta di Castello, where the Junior Red Cross is helping to take care of the children.

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A medical examination, conducted on behalf of the American Red Cross in Algeria and Tunisia recently, disclosed the fact that in the oasis towns of the Sahara ten percent of the native population is blind, whereas in France there are only three blind persons for each thousand inhabitants.

It showed, too, that the present epidemic of trachoma has made its greatest headway among the younger children, both European and native. At Boufarik, 27 percent of the European children and 56 percent of the natives are affected; at Marengo 33 percent of the Europeans and 57 percent of the natives. Of 6,025 children examined in different parts of Algeria, 1,650, or 24 percent, were trachomatose. In the large half-European, half-native towns along the Mediterranean, 25 persons in each thousand are blind.

Dr. Edmond Sergent, Director of the Pasteur Institute of Algiers, in one small settlement in the department of Oran, found 156 trachomatose cases among a total of 236 inhabitants.

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For many years, malaria has caused a loss of six million dollars, and, among the Negroes alone, a loss of over a million and a half working days each year in South Georgia. It infects from twenty to one hundred percent of the people in the communities, and caused the death of 800 people yearly.

Recently, the American Red Cross, in cooperation with the State Board of Health,

the Georgia Association, the U. S. Public Health Service, and several large corporations, has undertaken an extensive antimalaria campaign. Moving pictures, lectures and the press have all been utilized in calling the attention of the people to the importance of destroying the mosquito and all its breeding places.

The campaign has already been very successful. Three teams that went out early in April visited more than twenty counties during that month, giving from three to five "shows" in the rural sections. The team reached 4,300 people, and the others were similarly successful. The cities were avoided in favor of the rural districts where the need and, also, the interest were greatest. Hundreds of people drove to the schoolhouses from fifteen to twenty miles around, and one old lady who had never seen a moving picture before was brought lying down in an automobile.

The report of one of the teams shows that Fort Gaines, Ga., has agreed to raise $2,500 to stamp out malaria, and will get a public health officer; that Randolph county has applied for a public-health nurse and will ask the grand jury to recommend the Ellis health law and the appointment of a public-health officer; that Terrell county will get a sanitary engineer to stamp out malaria; that Thomas county is raising $5,000.00 to show the outlying districts what can be done; that Colquitt county is asking for a public-health nurse; that in Moultrie the chamber of commerce will ask the city council for an appropriation to fight malaria; that in Lee county, Smithville and Leesburg will issue $6,500.00 in bonds to fight malaria; that in all of these counties, and others visited, the people have been educated and aroused.

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Six American women, all of whom saw service in the World War, have just been awarded the Florence Nightingale Medal, the highest decoration of the whole nursing world. The distinction, which is bestowed by the International Committee of the Red Cross, Geneva, may be awarded to only one nurse of any nation annually; thus, these six women represent America's nursing roll of honor since the outbreak of war in 1914. The terms under which the decoration was created in 1912 also provide that it be granted "only to trained nurses who may have especially distinguished themselves by great and exceptional devotion to the sick and wounded in peace or war."

These nurses, all of whom served with the American Red Cross, are Helen Scott Hay, of Washington, D. C., Miss Florence Merriam Johnson, of New York City, Miss Martha M. Russell of Boulder, Colo., Miss Linda K. Meirs of Boston, Miss Alma E. Foerster of Chicago and Miss Mary E. Gladwin of New York City.

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Times have certainly changed. It wasn't so many years ago that, when a crowd of Sioux Indians got together of an afternoon, there was usually a considerable amount of battle, murder and sudden death in the air. According to the story books, the proceedings usually opened with firewater and scalpings and closed with an entertainment in which a paleface tied to a stake was the chief performer.

But, nowadays, things are different. When the Sioux Indians in Minnesota get together, it is to listen to public-health lectures delivered in their own language and, frequently, by members of their own tribe. There is a great deal of tuberculosis among these Indians, and the American Red Cross is endeavoring, by means of these lectures, to educate them in preventative measures against the disease. One old chief, Two Hawks, is an eloquent lecturer for the Red Cross. A certain squaw, who had never before appeared in public, prefaced her remarks with the statement that, if her audience were not composed of ladies and gentlemen, she wouldn't talk to them.

A hundred years ago, it would have been a brave paleface who would have delivered a lecture to an audience of Sioux. Some such lectures were delivered, but, they were usually in the nature of deathbed remarks. Today, however, the Indians look upon these things differently, and they are eager to learn all the good that the Red Cross can teach them.

SOME USES MADE OF BENZYL BENZOATE

1. A nursing baby was carried into my place, on Saturday afternoon, by its mother; screaming for dear life: Diagnosis: Colic. I gave ½ teaspoonful or less of a weak solution of benzyl benzoate, a few drops at

a time, as it had mouth open crying. Result: In twenty minutes, or so, quiet, dozing, but easily roused. Mother left in good frame of mind.

2. Farmer, with three-day siege of asthma excited by handling ear corn; about all in. I gave him one hyoscine-morphine-cactoid tablet in a few drops of water; filled the barrel of my syringe up to 1½ mil (Cc.) with 20-percent solution of benzyl benzoate and stuck the needle into a vein at the elbow, pushing the plunger home slowly. The patient rolled up his eyes, sort of gasped, took on a queer look and in a few seconds returned to normal behavior. In less than fifteen minutes, he was breathing fine as silk.

3. Uterine colic from intrauterine packing with ichthyolized gauze. I gave dilute 20-percent solution of benzyl benzoate and in 30 minutes patient was free from severe pain.

E. D. Jackson,
County Health Commissioner.
Georgetown, Ohio.

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[Benzyl benzoate undoubtedly is an emergency antispasmodic of great merit, as is proved by Doctor Jackson's experiences. Whether the remedy is suitable for intravenous injection, we do not know. Doctor Jackson's experience is affirmative, apparently. Still, there might be some undesirable consequences, and we are not prepared to advocate that method of giving the drug.

In small children, especially when suffering from colic, the rectal administration of the drug may prove to be very successful, however.—Ed.]

SALTILLO, MEXICO, A CLIMATIC RESORT

Saltillo, which is in the state of Coahuila, enjoys the best climate for patients afflicted with tuberculosis that I have ever seen. The town is situated at an altitude of 5,200 feet above the level of the sea; the climate is pleasant all the year around, it being sufficiently warm in winter (temperature never falls to the freezing point) and very cool in summer; very dry and possessing other advantages.

Since the passport regulations have been removed, people who want to go to Mexico in search of climatically favorable locations can do so without delay. Saltillo is the nearest good place to the Texas border available. It is reached by a first-class railroad from Laredo, Texas, without changing cars. Living is cheaper in Mexico than it is in the United States, and travelers will meet with different and interesting experiences in addition to the benefits that they can enjoy owing to the favorable climatic conditions.

I shall be very glad to write to anybody who is interested, asking only that they enclose ten cents in stamps. It costs five cents U. S. currency to write from Mexico to the United States. [Incidentally, we wish to suggest to Doctor Standlee's correspondents that letters to Mexico call for five-cent stamps—Ed.] Traveling in Mexico is quite safe. My wife goes all over the country alone, by rail, and so do other American women. However, conditions have changed since the last revolution, and, at any rate, this is a more pacific district than the state of Chiapas in which Dr. Robert Gray lives. Still, even there, things have changed for the better, likewise.

One more point, and an important one. I want to get a good American dentist to come here and locate also. The opening would be fine; some man who is in the dormant stage of tuberculosis, with all his strength left him to work with, could do no better from the standpoint of health, and money as well. If he is not a first-class workman, do not let him come. He need not be registered, as I am in a position to protect him from the law. I can let him use fine rooms for offices if he will furnish them, and give him board; all at reasonable prices. I don't want a man, though, who can not deliver the goods. Neither must he come here totally broke, but must have enough money to make him feel independent.

T. H. Standlee,
No. 15-17, Calle Morelos,
Saltillo, Coahuila, Mexico.

IDIOPATHIC EPISTAXIS OR VICARIOUS MENSTRUATION

On July 7, 1920, I was called to see a little girl, eight years of age, whom I found with a temperature 104° F. and with complete consolidation of the left lung. The mother said that the child had had a nosebleed that day, adding afterwards

that these attacks of epistaxis had occurred every three months since the little girl was three years of age. It would come on, the mother said, while her daughter was feeling perfectly well and she would bleed to faintness. The bleeding would last about four or five days and subside, only to return in about three months. About a dozen physicians had been consulted and they had done nothing for the bleeding, saying that she would be all right soon.

In thinking the case over, I concluded to give the child 5 drops of a 1:1000 solution of adrenalin, three times daily, which immediately stopped the bleeding and the little girl recovered thoroughly from the pneumonia.

I called Dr. Richmond Kelly in consultation and told him that I believed it to be a case of vicarious menstruation, informing the mother that she might expect the bleeding to continue as usual until regular menstruation was established. Doctor Kelly said that he was called to a similar case, a number of years ago, and the girl continued to bleed until she was about seventeen years of age when menstruation was established. From that date, she menstruated regularly, with no more bleeding from the nose.

Now, was I right in giving the adrenalin? The mother had me give her a prescription as she was going home to California and wanted to be prepared to meet the attacks as, she said, nothing had been given her before.

Please give your views in regard to the bleeding.

T. C. Humphrey.

Portland, Ore.

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[The periodical occurrence of the epistaxis gives a certain degree of verisimilitude to your view that the nosebleed is to be interpreted as vicarious menstruation in this case. Still, we hesitate somewhat to subscribe to it without knowing rather more about the little girl.

Literature does not relate, as far as we know, any case of precocious menstruation that was at the same time vicarious. Precocious menstruation itself consists in a bloody discharge from the genitalia of little girls in whom the secondary sex organs usually are developed more fully than corresponds to the age period. Vicarious menstruation has been observed mainly in young women and, as already said, we can not find a case on record that corresponds at all to the one related by you.

Since nosebleed in children may be induced by various factors, such as faulty position of the body producing congestion, chronic rhinitis, adenoids, small erosions on the mucous membranes, polypoids; also, affections of heart, lungs, or kidneys, resulting in passive congestion; severe anemia, hemophilia, and so forth, there are manifestly various points to be cleared up before it would be justified to concur in your diagnosis. Still, the report undoubtedly is interesting and it would be desirable to have a complete and careful examination of the little patient in order to determine any physical anomalies or peculiarities that may be present.

The success of the adrenalin solution that you administered suggests, as a possible causative factor, adrenal insufficiency which culminates periodically, in this case every three months, and then breaks down the normal inhibiting action of the adrenal internal secretion upon the circulation, whereupon the epistaxis occures. We are more inclined to interpret the phenomenon of periodical nosebleed in this little girl as a consequence of endocrine insufficiency (in point, adrenal insufficiency) than we are prepared to admit it as an instance of vicarious precocious menstruation.—Ed.]

GONORRHEA IN TOWN AND COUNTRY

In an article dealing with gonorrhea as it is observed in the country and in town (this journal, July, p. 490), a good Virginia doctor is led to think that gonorrhea was a terrible thing to cure; yet, he does not find it difficult and reports one case. The history and formula I do not like to criticize. However, I would hate to make a statement that I could cure any case of gonorrhea, in any stage, in from fifteen to twenty days even with a wide range of therapy, much less with one cut-and-dried formula.

I do not know how much of gonorrhea the Virginia doctor treats. The case he cites proves nothing, but, if he treats very many cases, I am ready to wager a pound of flesh against all his gold that he would soon find several cases that his pet formula

will not clear up: especially the complicated cases. As a matter of fact, the majority of cases have complications before presenting themselves for treatment.

I have treated gonorrhea in town and country—in the east and west and old Mexico, and I find it to be about the same thing everywhere. In the army, we had them pretty well mixed up from town and country and from all parts of the country; still, the cases of gonorrhea all ran true to form.

My experience in treating gonorrhea is, that one patient will respond to one drug and one to another, and some will not respond to anything in the materia medica, until the disease has run for more or less time. Now, I do not say that I do not clear up the majority of cases in ten to fifteen days. For, I do have cases that are arrested in a few days and the patients have no more trouble whatever. Still, there are others that are not cleared so fast.

This is a farming country of great cotton plantations, each farm comprising from four or five hundred acres up to one and two thousand acres. The labor is nearly all done by Negroes and they have all the venereal diseases aplenty. The Negro has the idea that gonorrhea ("the running in the range", as he calls it) is caused from straining himself, such as, lifting a log or other heavy work. He does not think that a woman has gonorrhea and I have had a job of educating the men as to the true cause. It is a hard job to make them believe that they catch it from women, and still harder to make them quit having intercourse until they get well.

They have just as much chancroid and syphilis as they do gonorrhea, and I have seen cases where the husband was infected with secondary syphilis and the wife never became infected. Also, I have seen cases where the wife was infected and the husband stayed free from disease, although having contact all the time. The same is true for gonorrhea. These cases are not very frequent but they are observed occasionally among Negroes.

I get a Negro, often enough, that has all the venereal diseases at the same time—gonorrhea running like a fire hose; chancroid that has eaten the throat latch away and one-third of the glands; a Hunterian chancre on the staff of the penis, and a bubo in both groins. I saw a Negro in this shape just a week ago today. He was also strictured so badly, that his urine would hardly dribble from him. He had been in this condition for two months, and was in abject misery. He was sent to me by a planter about fifty miles from here. As he expressed it, he had a pain across his misery. The man was in so much pain I gave him hypodermic of hyoscine-morphine-cactoid. Then I purged him, as his bowels had not moved for a week. The next morning, I passed a filiform bougie, after several trials, and attached a No. 18 sound, dilating his strictures. He sure was one proud soul when he found his water would run free again. Next, I gave him 0.6 grain of Neosalvarsan intravenously, opened a bubo in his right groin and put him on an injection of zinc sulphate, lead acetate and hydrastis. Two days later, the urethra was again dilated, and five days after the first dose of Neosalvarsan, this was repeated. This Negro was almost completely transformed and as happy as could be; though not cured, he was free of his misery and able to finish his crop. I sent him home after a week as they were very short of labor on this farm.

I am consulted by one or two patients every week that have a tight stricture and cannot pass a drop of urine. I was very much up against it when I first came here, with ordinary sounds, so, I bought a set of Leforte sounds and filiforms, and do not have very much trouble, now, getting into the tightest urethra.

My opinion about town and country gonorrhea is, that it is about the same old thing.

G. C. Wood.

Grady, Ark.

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[We agree with Doctor Wood's view, that gonorrhea is the same in town and in country. As we pointed out, before, any differences that are observed depend upon individual peculiarities of the patients. That is well brought out by our correspondent when he describes the relative immunity to gonorrhea and, also, to syphilis that he has observed in some Negro patients. When the Negroes first came in contact with the white man and were promptly infected with his venereal diseases, these were very virulent and severe, killing many of the Negroes. However, in

the course of several centuries, the Negro race has become so thoroughly permeated with venereal diseases, that a certain degree of immunity has been established which is greater in some individuals than in others. This explains why husband or wife are not always infected by their diseased consorts. The same is observed, occasionally, in white people; and we have knowledge of several individuals who appear to possess an actual immunity to venereal diseases, since they never have become infected, despite repeated exposure.

As for the treatment of gonorrhea, this undoubtedly is a far more difficult matter than was suggested by Doctor Cline in his letter. Especially the chronic affection is, many times, extremely resistant to all modes of treatment.—Ed.]

DOCTOR JELALIAN'S COALTAR FORMULA

In Doctor Jelalian's article, entitled "Coaltars in Fevers and Muscular Pains" (this journal, August, p. 559, column 1), there is an error in the amount of salol entered into the forumla as employed by him. This should be 60 grains. The entire formula then reads as follows:

Phenacetin	grs. 12
Acetanelid	grs. 24
Salol	grs. 60
Citrated caffeine	grs. 12

Mix into twelve powders. Give one powder every three or four hours.

Please get out your August issue and enter that correction.

CHRONIC ULCERS

The other day, I threatened you with an article on the treatment of old chronic ulcers, most of all, those of the leg with which we, here in these tropical countries, are so richly blessed (or, should I say, cursed), and which seldom come under our care until they are months, most likely years, old; and until all the socalled native curadores (healers) have had a whack at them with their herbs, their socalled aquitas (waters in which herbs were boiled), and, possibly, even the manure of some wild animals, but, most certainly, grease or oil of snakes, wild hogs or squirrels.

Now, when you first get ore of these ulcers, you seldom find it of less than the size of your hand, most probably encircling nearly the whole leg, with much suppuration, a great deal of swelling, emitting a very foul odor, and, on top of all, good and dirty; without bandages of any kind, the pants or skirt sticking to the sores in nine cases out of ten.

In writing these few lines and in giving the course of procedure used by myself, I am giving my own personal method, that, perhaps, may be not always very sound theoretically, but which has proved most successful in my experience.

The first thing I do is, to try to establish the cause and origin of the ulcer; that is, whether it is caused by a blow, or a scratch after insect bite, by varicose veins, or whether it is of syphilitic origin. When the latter is the case, I use, of course, also specific remedies, besides the local treatment, such as iodized calcium or mercury with nuclein, in addition to a good tonic.

The local treatment in ulcers of the first and third class, respectively, that is those caused by a blow or by scratching and in those of syphilitic origin, is almost identical with me. After cleaning the ulcer with carbenzol soap and hot water, to which I add either lysol or, of late, chlorazene, I cauterize the ulcer, in case I find proud flesh or other unhealthy tissue, which is usually the case. After about ten minutes, I apply a gauze and cotton pack wet with potassium-permanganate solution, telling the patient to be sure and return every day. I give him 6 ounces of potassium-permanganate solution so that he may keep the pack wet until he returns. If I then find that the proud flesh has disappeared, I discontinue the potassium-permanganate application and paint the ulcer with the following solution: Chloral hydrate, camphor, carbolic acid crystals, of each, 1 ounce; menthol, ½ ounce. I keep this solution on hand all the time and have found it almost a specific in all my years of practice in the tropical countries, from Mexico to Argentine. I only change sometimes, for a day or two, to either potassium-permanganate solution or chlorazene solution, always returning to the aforementioned mixture which, most certainly, has given me splendid results.

It may be of interest to describe three cases from my case records:

1. Felicita Urbina, widow, 53 years old, 6 children, all healthy; the youngest, 21

years old. Has had ulcers on both legs for fifteen years. When she was first brought to me, she could not walk any more but was sliding along on posterior, crawling like any nine-month old baby. The suppuration was terrific. The odor was such that the children claimed they could not sleep in the same room with her, and the woman herself had given up all hope of ever being cured. As nearly as I could establish the cause of the ulcers, these had commenced by her scratching her legs after being stung by mosquitos, our ever present fiends in these countries. After having used all the local remedies, some two years ago, the patient had given up all hope, waiting, as she said, for the time that the grim reaper should reclaim her. Let me mention here that, on account of advice given her by one of those curadores, she had not taken a bath of any kind for ten years. How is that for cleanliness? She lived a good distance from here. Hearing that a gringo (this specifies American, in Honduras) physician had moved to this locality and that he had secured what to the simple native mind seemed some wonderful cures (any physician with common sense can do the same), she concluded to give me a trial, as she expressed herself. They brought her here on a stretcher, and, after three months of treatment, a complete cure was secured and a happy patient. She even promised to dance with me if I would come to her pueblo. Today, after one year, no recurrence has taken place, and there is another feather in the gringo cap.

2. Martina Rivera, single, aged 20, had ulcer of left foot, of two years' standing. Today, after fourteen months of the same treatment, she is cured and expects to give birth to a child within four months. So far, there, is no recurrence. She has not married yet but acted as most of them here do: helped to increase the race.

3. Ramona Martinez, single, aged 16, had ulcer caused by blow with a piece of stove wood. The ulcer was of three years' standing. The same treatment cured her in two months. Today, after 10 months, there has been no recurrence. I could give you at least sixty cases more, that were cured permanently by the same treatment.

Now, as to the varicose ulcers, I do not care to treat them unless I can put the patient to bed for at least the first two weeks; these ulcers having been the cause of many headaches to surgeons for the last century and, I believe, still being so.

My method of procedure, which has met with fair success, is as follows:

I put the patient to bed for the first two weeks, suspending the leg at an angle of about 45 degrees. After washing and drying, I apply hot glycerin and boric acid on gauze, changing three times in twenty-four hours. After each eight hours, the leg is lowered for two hours, so as to give it rest and motion. Usually, after two weeks, the improvement is such that I commence to apply pure nuclein solution to the ulcer, changing the dressing every twenty-four hours and permitting the patient to take a reasonable amount of exercise. I also administer nuclein solution by hypodermic injection, every second day, and sodium cacodylate in the same manner, once every week. This mode of treatment has given me fair results; however, every once in a while, I run up against a case that refuses to respond promptly. All other methods I have discarded in recent years, having had little or no success with them.

Perhaps, indeed, no doubt, my methods are open to lots of criticism and, by being criticized, I may learn something new; for, being only human, to err is human, with me as with others. So, please come along and let me hear you. He of the voice crying in the wilderness is anxious to learn more.

E. A. Gross.

Olanchito, Honduras.

STUDY THE VERTEBRAL COLUMN

I note with pleasure the broad mindedness of the publishers of Clinical Medicine, and their readiness to print articles that might have a tendency to stir us up from our self-satisfied position and induce us to investigate any methods advanced, by any one, in the healing art.

Until proper investigation has been made by our profession (unless we want to be made a laughing stock to others), it would be well for us to refrain from criticizing new methods of treatment.

Medicine and surgery have not arrived at such a state of perfection that we can claim to be rich and in need of nothing, nor should we ignore or scorn the advent of small things.

In spite of great advancement in the past, the human family still continues to

suffer, and we as a profession cannot afford to rest on our laurels nor close our eyes to what goes on around us. Let us assume that the different healing cults have some virtue. This may be little or much. Proofs are available; let them be weighed in the balance. I do not know any class or profession better qualified to judge as to the value or merit of their claims than our own.

Yet, in order to warrant and uphold confidence, a true spirit of investigation, free from all prejudice, must be maintained. This only will satisfy the demands of justice.

The sooner such investigation is undertaken, the better it will be for us and the public. The confusion existing now is driving people to accept almost anything from Spiritism to Christian Science. Public opinion is fickle, flighty and more or less tyrannical.

Truth will come out, however. Let us deny it, and its denial will bring down the axe and the censure on our own heads.

The physician's first duty is: To cure his patients, earn his fee. His next duty is: To communicate his knowledge to his associates.

For some years, I have been studying the spinal vertebræ, with growing interest. Becoming convinced that many ailments were due to malalignment of the vertebral column. I decided to learn more about correcting these abnormalities. I frankly confess that I obtained this information from a Chiropractic College. To accept all that was taught or to reject the teaching, was my privilege; being a man of mature age and experience, I was able to select what I considered worthy and refuse what seemed doubtful.

A normal spine is rarely found and slight deviations may cause compression on the nerve sheaths, which contain nerves, blood vessels and lymphatics, proceeding through the vertebral foramen and continuing on to their respective organs or tissues. Such infringement may cause numbness or pain, if exerted on the nerve; faulty circulation, if affecting the artery; autointoxication, if it involves the lacteals.

These abnormalities may be recent or of long standing; they may be the result of accidents, of faulty positions assumed in play or work; at times, they are due to prolonged dietetic errors or to pernicious habits.

Our first requirement when examining a patient is, to make sure of the malposition, next, to attempt to remove the cause and replace the faulty part to its original location or as nearly as this is possible.

If this is done, a larger flow of blood is propelled through the vessels to the organ or organs, oxygen is carried to the part, waste is burned up and elimination increased.

As a matter of fact, I now examine the spine of all patients. If I locate trouble, I adjust it, usually to the satisfaction of my patient and myself.

I purpose speaking a little on my results and experiences. My first case treated was that of a man who was injured in a coal mine and afflicted with periodical, severe and prolonged vomiting spells. I found, in the mid-dorsal region, two vertebræ considerably out of alignment. Nine treatments entirely cured him after all other methods had failed to do so. My second case, in a girl of sixteen, deaf since birth, was found to have displacement in the upper cervical vertebræ. Twenty-one treatments were taken and she recovered her hearing.

Recently, a patient, 54 years of age, came to me for various ailments, among them deafness. While under my care, she was persuaded to go to a specialist here, and he, knowing her to be with me, assured her that her case was hopeless and advised her strongly to go home and save her money. She did not accept his advice and, now, has recovered her hearing; her blood pressure is reduced, likewise her dropsy, and she sleeps like a babe. One case of stuttering was cured with one treatment: likewise, a case of regurgitation of the food through nose and mouth.

Many cases of paralysis of the arms have been cured after few treatments, while indigestion, kidney and bladder troubles disappear rapidly under this treatment.

While much of the benefits accrue from the adjustments of the spine, all credit cannot be attributed to this treatment. For, I do not ignore medicine or surgery, electricity and X-ray in all its varieties, radiovitant heat, the traction couch; indeed, I use anything that will assist in removing the cause of disease. I wish to urge every

doctor to get busy and study this part of the human anatomy. The direct treatment brings results, both to the doctor and the patient. Every doctor should be a spine specialist. Most of the patronage now passing by a doctor and going to others proves that, for once, we have been caught asleep at the post; and, the sufferers are being relieved by outsiders, to our shame.

It is high time for us to awake from our lethargy. Let us prove that we are capable of adjusting more faithfully, concussing more wisely than those outside the medical profession.

H. W. Scott.

Regina, Sask.

THE COUNTRY DOCTOR

You knew him by his muddy shoes,
His clothes of last year's style;
The weary look about him,
The sweetness of his smile.

You knew him when the school let out,
Seeing the children flock
To get his cheery greeting,
And shout their "Hello, Doc!"

You knew him, too, at midnight,
When he rode thru' sleet and rain,
Wading thru' mud and water,
To reach your bed of pain.

You knew him in the dawning,
Still sitting by your bed
In damp clothes—Oh, so patient,
His hand upon your head.

He was never in a hurry,
When kindly word could cheer;
The little jokes he saved for you
Are memories, now, dear.

He didn't fall in Flanders Field,
Where crimson poppies grew;
He wore himself out, waiting
On folks like me and you.

He has no cross in Flanders Field,
'Mid poppies' crimson hue;
His cross is in the aching hearts
Of folks like me and you.

The author of this pretty little poem is not known to us. Whoever he may be; though, he deserves our thanks.—Ed.

COLOR EFFECTS ON THE SICK

Kemp, in the *Medical Times* for April, reviews his observations on the curative values attaching to certain colors. Blue, at one end of the spectrum, is magnetic and soothing, he tells us; it is beneficial in panicky states of the mind, with inability to concentrate. Violet is powerfully curative. A bright yet soft yellow suggests life; a light shade of blue, the great sky overhead. To a neurasthenic, in whose mind fear is resident, and doubt, and despondency, such colors have a perceptible influence in his favor.

However, the efficacy of color treatment depends also on proportion and arrangement. A blue ceiling with walls of sunlight-yellow go well together; a solid color for all surfaces might provoke the dread of confined space. A combination of blue and violet acts beneficently in nervousness and insomnia. A soft green may be applied to headaches; the old cure is still practiced in certain parts of England, which exhorts the sufferer to sit and gaze steadfastly at a green field.

Sunlight-yellow is a strong mental stimulant, and somewhat less so primrose yellow. Mauve is a mental sedative. In extreme depression, cardinal red is useful, while rose among the colors is recuperative for the mind.

TREATMENT OF ENLARGED LYMPH GLANDS

At a recent meeting of the Société Médicale des Hôpitaux, in Paris, (*Gaz. des Hôp.*, May 22) Dr. M. H. Dufour recommended, for the treatment of enlarged lymph glands, due to bacillary invasion, the oral administration of tincture of iodine in milk; a dose of 120 drops being ordered at first, which is diminished gradually. This treatment is, in his opinion, the one of selection, although radiotherapy may be associated with it. However, this is not necessary. If pus is present, it should be evacuated by small punctures by means of a bistoury, in such a manner as to leave only very small scars.

In the course of several years, Doctor Dufour has treated enlarged cervical glands in about fifteen patients and he demonstrated, before the society, two persons who had been healed, one and three years ago respectively, despite the enormous cervical swelling that had existed at the beginning of the treatment.

Just Among Friends

A DEPARTMENT OF GOOD MEDICINE AND GOOD CHEER FOR THE WAYFARING DOCTOR

Conducted by GEORGE F. BUTLER, A. M., M. D.

The Art of Right Living

Common-Sense Comments on Health, Happiness and Longevity

12. Cheerfulness

A CHEERFUL man extracts all the innocent joy he can out of the time as it passes, and does not worry. He does not fret and forebode, and spoil life's sunshine today, in the fear that there may be no sunshine tomorrow. He is not disturbed by small evils, for, he knows that the chief secret of comfort lies in not suffering trifles to vex him, and in prudently cultivating an undergrowth of small pleasures, since great ones rarely come to any of us and never last long. It is the little, everyday pleasures and enjoyments that are the most satisfying. Live today, instead of living in anticipation of a good time tomorrow. Do not grumble, but use to the full the resources of happiness that are available. Happiness depends upon the treatment of what we *have,* and not of what we have not. Happiness is made, not found; it comes from within and not from without. If we will keep well and live long and be happy, we must open our hearts to the healing influences of nature, and cease to despise simple pleasures. Let us adapt ourselves to existing circumstances and use the opportunities of enjoyment that come our way, cultivating small pleasures, making the most of our blessings and always trying to look on the bright side of things, and happiness will surprise us unawares. The world is like a looking-glass. Laugh at it, and it laughs back; frown at it, and it frowns back. "Each of us," says Ruskin, "as we travel the way of life, has the choice, according to our working, of turning all the voices of Nature into one song of rejoicing; or of withering and quenching her sympathy into a fearful withdrawn silence of condemnation, or into a crying out of her stones, and a shaking of her dust against us." Nothing is better understood than that there is a connection between cheerfulness and good digestion. What an astonishing amount and variety of food can be disposed of and perfectly digested at one sitting of two or three hours by a company of cheerful and happy, not to say jolly and merry, old friends. This one fact is worth more than all else to show the dependence of the digestive powers on the state of the mind.

Emerson says: "the more of cheerfulness or good temper that is spent, the more of it remains." Cheerfulness is helpful every day and every minute. It grows upon itself and is contagious. It gives elasticity to the spirit; spectres fly before it, difficulties cause no despair, for, they are encountered with hope, and the mind acquires that happy disposition to improve the opportunities which lead to success. Without cheerfulness, you can not enjoy perfect physical, mental or moral health The best tonic in the world is that which is imparted to the body through the mentality. Just to be glad. This is the cry of the human heart. Gladness is the power to live in the present: to make the moment rich either with work or contemplation. To dwell on the care and vicissitudes of life is, to court sorrow, ill health, despondency and death. The mind that considers too closely the evils of the world comes finally to partake of the character of those evils.

Learn to laugh. Cultivate the "nonsense" in you. Cultivate that part of your nature that is quick to see the mirthful side of things, to the end that thus you shall be enabled to shed many of life's troubles as

the plumage of the bird sheds rain. Fun is better for a sick child than medicine; and, after all, we are but grown-up children. Whether sick or well, we should endeavor to be cheerful. So, cheer up! Our misgivings may not be true. Remember that cheerfulness is one of the best tonics in the world.

Learn How to Live.

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Cheerfulness gives elasticity to the spirit; spectres fly before it; difficulties cause no despair, for, they are encountered with hope, and the mind acquires that happy disposition to improve the opportunities which lead to success.

—

Smiles are little things, cheap articles to be brought with so many blessings, both to the giver and the receiver. They are the higher and better responses of nature to the emotion of the soul.

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These are great advantages in the way of health that come to the person who is cheerful, buoyant and happy, seeing the bright, even the ludicrous side of the affairs of life.

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Cheerfulness is not only power; it is mental progression, and health and happiness and long life to yourself and to your friends and family.

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Although cheerfulness of disposition is very much a matter of inborn temperament, it is also capable of being trained and cultivated like any other habit.

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The world will be to you very much what you make it. The cheerful are its real possessors, for, the world belongs to those who enjoy it.

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Without cheerfulness, there can be no healthy action, physical, mental, or moral, for, it is the normal atmosphere of your being.

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It is your duty to be cheerful and enjoy the blessings bestowed on you.

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There is inestimable blessings in a cheerful spirit.

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Cheerfulness is helpful every day and every minute. It is not necessary not to feel deep emotion and sorrow to exercise it, but it implies a power to rise from depressing influences and to exercise reason and courage in overcoming them.

13. Fear

THE chief fears that lower the vitality and invite disease are, the fear of ill health, the fear of misfortune or bereavement and of loss of money or position. But, should sickness, bereavement or adversity come to you, face the facts courageously, catching the spirit of the ancient song: "I will fear no evil, for Thou art with me." Do not fear anything. Every morning, when you awake, repeat the words of this song, until the strength of them is felt in your mind and body. "In quietness and in confidence shall be my strength." Begin each day with these promises uttered aloud with confident assurance, and again each night as you prepare for sleep, and you will be surprised how much easier your days will be and how more restful will be your nights. The habit of serious, resolute, trustful meditation upon these divine assurances, once formed and held, works its own marvels. The verifiable results of such a practice upon health, upon mental adequacy, upon character, delicate and imperceptible though they seem at first, are increasingly registered upon the life within until they utter themselves in an enlarged and well-founded efficiency for all life's tasks. This is what the Psalmist said—he was perfectly aware of the fact that life would not be all green pastures and still waters; he would be compelled to walk in and through the valley of many a shadow; but, come what might, still he would not fear nor be afraid. The man whose inmost soul is filled with and possessed by such thoughts finds himself strongly fortified against the encroachments of disease.

According to your faith, your openness, your willingness, your capacity, be it unto you! If every one could form the habit of going about with the words "I will be well! I will be well! I will fear no evil, for, Thou art with me! I will fear no evil for, Thou art with me!" on his lips, in his mind and deeply embedded in his heart, I do not say it would enable him to lie down with rattlesnakes or to drink water full of typhoid germs unharmed, but, it would add

greatly to his prospects of good health. Pitch your expectation high—look for the best, hope for the best, strive for the best, and, according to your faith, be it unto you. If you will say these words resolutely and keep on saying them trustfully, hopefully, that very action of your inner life will work wonders.

I do not say that no disease can stand before you, for, you are not omnipotent; but, I do say that you will set in operation one of the great healing forces of the world. Fear of disease and death is normal; still, to allow the mind to dwell on these things is, to become a hypochondriac. To shrink from pain is as natural as hunger, and as necessary for the preservation of the race; however, to be a slave to suffering is, to be a nervous wreck.

Stop talking about your ills, stop thinking about them, stop pitying yourself. Fix your eyes on something high, fine, useful, be unafraid, and say bravely and steadily, I will be well! I will! I will! I will fear no evil! You will be helped because, then, you will be in tune with the infinite—your desires and determination will be linked with the purpose of God for you.

We are put into this world with a clean way-bill to another port than this. Across the ocean of life, our way lies straight to the harbor of Eternity. We are freighted with a consignment that is bound to be delivered, sooner or later, at the Master's wharf. Let us be alert, then, to recognize the seriousness of our destinies, and content ourselves no longer with shallow soundings. Look to it, that your ship is in good order; then, spread the sails, weigh the anchor, and point the prow fearlessly and trustfully for the country that lies on the other side of the deep and restless sea. Sooner or later, the voyage must be made. Let us make it, then, hopefully, courageously, uncomplainingly, with a resolute will at the wheel, and the great God himself to furnish the chart. Then shall we weather the wildest gales, and find entrance at last to the Harbor of Peace.

Learn How to Live.

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Self-distrust will destroy you; trust, surrender, abandon yourself; believe and thou shalt be healed.

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Insist on being well; go to bed with that idea and get up with it; carry it about with you as you carry your own face and hands about with you—and somehow you are apt to find that it is unto you even as you yourself will!

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Exaggeration of the instinct of fear and apprehension not only makes people ill, but is illness itself. The thousand and one needless worries over the future are simply providence for the morrow gone mad.

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Crying over troubles will not mend them, but to bear them with dignity and courage will do much to turn them into blessings. Make the best and not the worst of things.

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Many people treble their troubles, making three out of one, by looking forward, looking on, and looking back. Troubles grow mightily, if you brood over them.

14. Sunshine

THERE is no better medicine, no greater purifier, no better friend to good health, cleanliness and long life than sunshine. Sunshine costs nothing, is refreshing, invigorating, life-giving to both, sick and well. People somehow have got the idea that nothing is valuable that does not cost something, and are apt to estimate all blessings by the money value they present. It is as well always to bear in mind that the three greatest blessings that humanity receives—sunlight, pure air, and water—all are free to all, they are everywhere and can be had without money and without price, waiting to be utilized.

If you would enjoy good health, see that you have pure air to breathe all the time, that you receive the direct benefit of the sunshine an hour or two every day, and that you quench your thirst with nothing but pure water. Houses should be so built that every room occupied for living or sleeping purposes shall receive the full benefit of direct sunlight at some time of the day. The sleeping rooms should be large and roomy, and, if possible, have an eastern exposure to receive the benefit of the morning sun. Too many shade trees, too close to the house, are an injury rather than a benefit, and should be removed if they prevent free access of the sunlight to all the rooms. Let in the sunshine that is struggling with blinds, shades, and awnings,

and let it do its blessed work of purification.

Very intimate relations exist between the sun and digestion. Digestion and assimilation become weak and imperfect if the man or animal is not freely exposed to the direct rays of the sun. No plant or animal can digest in the dark. Plant a potato in your cellar. If there is a little light, that potato will sprout and try to grow. But, surround it with the best manure, water it, do the best for it, except that you keep it in the dark—it can not digest and grow. See how slender and pale it is. Now, open a window in another part of the cellar and notice how the poor hungry thing will stretch that way. Or give the stalk a little twist and see how it will lie down. It can't raise itself again. No matter how much food and drink you give it, it can't digest. The process of digestion, the great function of assimilation, can't go on without sunshine. Did you ever notice that grain growing under tress is not so large and does not fill as well as that growing in the open where there is plenty of sunshine?

The white light of the sun is a most powerful inhibiting agent for the growth of all forms of microscopic life. Somehow, the actinic rays of white light, the same that cause the change in the silver salts in photography, are able to initiate alterations in the chemical constituents of microbes that eventually lead to their complete destruction. The improvement in health among the poor of our large cities, as the result of letting in the light into the tenements, shows how much good the great solar scavenger can accomplish even under unfavorable circumstances.

Lack of sunshine tends to mental depression. It is astonishing how our mental condition is improved; how we feel more inclined to work and take out-door exercise, on sunny days. So great an authority as Dr. Arnold Lorand, Physician to the Baths, Carlsbad, Austria, says: "Let us be grateful for every ray of sunshine and take advantage of it. Some ladies avoid the sun: but, it would be wiser to seek it and, if possible, to expose our whole bodies to its rays. Let us remove all the curtains from the rooms in which we sleep or sit, especially from our work room. In the train, let us sit on the sunny side and not draw the curtain unless we are reading; in short, let us seek the sun wherever it shines. We shall soon observe how much better we feel after a long sojourn in the sun. There is no denying that, as a rule, those who spend much time in the sun look better and healthier than those who live in dark rooms or offices." Particularly in old age is sunshine precious, and instinct tells old people that the sun is good for them. They eagerly watch for it to shine.

Learn How To Live.

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Against old age, sunlight should be regarded as an excellent protection. It safeguards our kidney functions by promoting skin activity, and it aids the processes of metabolism. It is best used in combination with exercise, like riding or some form of sport, and a daily sun bath. By such means both youth and life may be prolonged.

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Have you never noticed that the only grapes that become perfectly ripe and sweet, that the only peaches that take on those beautiful red cheeks, and offer that luscious sweetness, are those that are on the outside uncovered, and perfectly exposed to the sun? God's laws are the same in the animal world.

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One should have a private garden where he may luxuriate occasionally in nature's garments. The green fields and the fresh air of the country constitute the ideal conditions for a sun-bath.

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One of the principal benefits derived from a vacation at the seaside is the comparative freedom one may have in dress, which may be adapted to expose the body to the sun's rays.

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To absorb as much of the active rays of the sun as possible it is best to wear light or light blue or light gray clothing, which allows the sun's rays to pass, whereas dark cloth does not.

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Plenty of sunlight is one of the important factors in the preservation of bodily renewal. Enjoy the influence of the sun to the greatest possible extent.

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Light itself is a great corrective. A thousand wrongs and abuses that are grown in darkness disappear, like owls and bats before the light of day.

Among the Books

"ANNALS OF MEDICINE"

Annals of Medicine with Abstract of the World's Literature. Supervising Editor, Frank Smithies, M. D., Chicago. Published Quarterly by W. F. Prior Company, Inc., New York, N. Y. Subscription rates: United States and Canada, $10.00 yearly. Single copies $3.00. All other countries $12.00.

This newest periodical in the field of medicine is mechanically very beautiful, being in size and format about like *Surgery, Gynecology and Obstetrics.* It contains the names of some noted internists as members of the editoral council. The periodical is gotten out by the publishers of Tice's "Practice of Medicine".

The first number offers much of interest. Aside from reporting upon the last meeting of the American College of Physicians, it contains attractive articles like the following: Relation of the Bacteriology to the Pathology of the Tonsils and the Relation of Either or Both to Symptomatology, by Louis A. Turley; The Gastro-Intestinal Form of Influenza, by John A. Lichty; The Patient's Reaction, by F. M. Pottenger; and others.

About one-half of the number is devoted to abstracts of current literature on chemical physiology and experimental medicine, therapeutics, glands of internal secretion, internal medicine, diagnosis, bacteriology and pathology, war medicine and reconstruction, hygiene and public health.

WHITLA: "DICTIONARY OF TREATMENT"

A Dictionary of Treatment, Including Medical and Surgical Therapeutics. By Sir William Whitla, M. A., M. D., LL.D., M. P. Sixth Edition. Chicago: Chicago Medical Book Company. 1920. Price $7.50.

Whitla's "Dictionary of Treatment" has been before the profession for a good many years, the first edition having appeared in 1891. Its continued and repeated reappearance in revised editions is fully justified by the splendid service, supplied by this handy volume, in convenient and concise form. A great many diseases are described briefly as to cause, with somewhat more detail in their symptomatology, while, of course, the main importance is laid upon the treatment.

In his treatment, the author is by no means a nihilist. Indeed, in addition to surgical, physical, mechanical, and so forth, methods of treatment, he advises a great many drugs that he has found useful in meeting certain indications. In the prescriptions that Doctor Whitla offers, the Reviewer was interested on finding a strong adherence to galenical preparations, alkaloids and other definite remedies being mentioned even less frequently than they appear in the latest edition of the U. S. Pharmacopoeia. Still, this is a matter that will change in time, and we have no doubt whatever that our British colleagues will "come around" to the adoption of alkaloids in place of fluid and solid extracts, tinctures, and even confections, in the near future.

Despite this fact, which we personally consider a disadvantage, we gladly acknowledge that Doctor Whitla's "Dictionary of Treatment" is a very useful and convenient reference book. It is easy enough to translate the galenical prescriptions into terms of alkaloids, and the numerous remedial methods that are offered by the author surely are many times of great advantage to the physician.

DYKE: "AUTOMOBILE AND GASOLINE ENGINE ENCYCLOPEDIA"

Dyke's Automobile and Gasoline Engine Encyclopedia. Twelfth Edition, containing 522 Charts, Inserts, Dictionary, Index, and Supplements on the Ford, Packard, Airplanes, and Liberty "12" Engine Treating on the Construction, Operation and Reparing of Automobiles and Gasoline Engines. Also Trucks, Tractors, Airplanes

and Motorcycles. By A. L. Dyke, E. E. Published by A. L. Dyke, St. Louis. Price $6.00.

This volume, originally intended as a repair man's guide, should be had by every automobile owner. It contains an enormous amount of information, covering every phase of the automotive industry, every detail of construction and repair, covering not only the engine transmission, but also the electric system, ignition, carburetor, batteries, tires, radiators, and so forth. The arrangement is such as to make the volume really an interesting one from the reader's viewpoint. The language is simple, plain, and even highly technical subjects are so aptly explained that any one with ordinary acumen can readily grasp the subject.

That portion concerning the diagnosis of troubles is the most comprehensive and important part of the volume. Not only will it enable the owner to locate the source of trouble but he will understand the reason thereof and will then be in a position to see that the proper repairing or adjustment is performed, thereby saving for himself many times the price of the book in repair bills.

SCHNEIDER: "MICROBIOLOGY AND MICROANALYSIS OF FOODS"

The Microbiology and Microanalysis of Foods. By Albert Schneider, M. D., Ph. D. Illustrated. Philadelphia: P. Blakiston's Son and Company. 1920. Price $3.50.

This is an exceedingly practical volume, detailing the methods and the interpretation of results of the microanalytical examination of milk, water and foods suitable for human consumption. It was written to serve as a text and laboratory guide for students in dietetics, food testing, the determination of food decomposition and for a guide to the practical analysis of foodstuffs. It is one of the many valuable contributions that have arisen as a result of the demand for practical working treatises to guide officials of the army during the late war. While it is apparently a practical new departure and opens up a new field, it is, nevertheless, a volume that has long been needed in this line. The impression one receives from a careful reading of this is, its eminent practicability.

It is really a volume that the army medical officer will find to be a complete guide and one that he can use with success in the grading and examination of foods without recourse to an elaborate staff of trained technicians and highly equipped laboratory.

The Reviewer is of the opinion, however, that, if the volume were of a smaller size, bound in flexible leather so as to be available as a constant reference book, such as could be carried in the pocket, it might be of still greater service.

WALLIN: "SUBNORMALITY"

Problems of Subnormality. By J. E. Wallace Wallin. With an Introduction by John W. Withers, Ph. D. New York: World Book Company. 1917. Price $3.00.

This book is a valuable contribution to the literature of a very important subject. The author is at the head of one of the few clinics attached to a public-school system, and that fact lends weight to his suggestions and conclusions. He has organized a system providing for different types of special classes for different kinds of subnormal children. He holds that the problem involves four questions of essential importance: (1) A scientific system of diagnosis; (2) a plan of educational treatment of the subnormal child based on the diagnosis; (3) an adequate system of after-care, after-guidance, and after-control; and (4) a system of preventive measures, whether eugenic or euthenic, to restrain the subnormal from reproducing their type.

Unquestionably, the first must be the basis of any succesful development of the others, for, correct diagnosis is just as important here as in dealing with physical disease. The day has gone by when inexperienced persons can glibly diagnose abnormality by asking a few questions of the Binet-Simon scale. It is to be hoped that the chapters on "Who is Feeble-Minded?" and on the "Hygiene of Eugenic Generation", will be widely read. They discuss with great ability two exceedingly difficult problems connected with this subject.

CURTISS: "REALMS OF THE LIVING DEAD"

Realms of the Living Dead. A Brief Description of Life After Death. Transmitted from the Teacher of the Order of Christian Mystics, by Harriette Augusta Curtiss, and D. Homer Curtiss, B. S., M. D.

New York: E. P. Dutton and Company. 1919. Price $2.00.

This is an exposition of the doctrines of theosophy, with numerous quotations from Madame Blavatsky. Those types of mind who think that theory is science, and that doctrines which are plausible are proven, may find in this book the kind of mental pabulum in which they delight. But, those who love truth so sincerely that they refuse to accept mystic teaching without a reasonable degree of proof, will regard this book as an obstacle to the spread of real knowledge. There are thousands of us who look upon the question of future life as one of intense interest; still, those who profess to tell us all about it, must pardon us if, on a subject of such vital importance, we demand that the evidence they offer us shall be at least as convincing as that required in a court of law.

On almost every page of this book, the sincere seeker after the truth is impelled to ask: "How do you know? What proof have you?"

It may be true that there are seven realms in the next world, and that there are astral bodies, and auras, and a number of other mystical things; but, how can we be sure of it? It may be true that Colonel Roosevelt was the reincarnation of Julius Caesar, and that Quentin was Brutus, or Cassius, or Antony; but, how are we to tell? It may be true that Quentin appeared to the authors of this book in New Jersey, after he was shot down in his aeroplane in France and before the news reached this country; but, on reading his alleged conversation, one is inclined to wonder whether he used as much slang and bad grammar when he was in the flesh, as he seems to in the astral sphere.

This whole subject is but one phase of the world-old contest between blind faith and scientific knowledge. The latter is the only solid foundation to build upon; the former opens the door to all sorts of error. The devotees of faith seem unable, or unwilling, to understand that the attitude of suspended judgment—waiting for more evidence—is the only safe one for the honest mind to assume towards many things.

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Perhaps, another editorial writer may be permitted to add a few remarks. To him, the teachings of occultism, occult philosophy, or whatever it may be called, do not appear so forbidding, because they are not, after all, promulgated with that degree of positiveness that the Reviewer of the book under consideration finds in it. No one is obliged to accept any of the teachings, unless they agree with the dictates of his inner consciousness, the higher self. As to the "seven realms", they may be safely accepted as possibly existing, as soon as the idea of immortality is accepted. Saint Paul spoke of "body, soul, and spirit"; three planes. Occult philosophers recognize four more. The difference is one of degree, not of kind.

To the present writer, the teachings of occultism offer practical guides for everyday purposes; also, for speculations of what is to come after "death", they contain much that is comforting. However, our minds and ways of thinking being finite and limited, everything beyond is speculative and can not be subject to dogmatic assertion.

KNOX: "RADIOGRAPHY OF LIVER, GALL BLADDER, AND BILE DUCTS"

Radiography in the Examination of the Liver, Gall Bladder, and Bile Ducts. By Robert Knox, M. D. Illustrated. St. Louis: C. V. Mosby Company. 1920. Price $2.50.

It is hardly necessary to say much in support of a guide for the radiography of so important an organ as the liver and gall bladder. Radiographic examinations of this kind are called for very frequently, and a monographic treatise on the subject can only be acclaimed with joy.

The book is well illustrated and the text, supported by numerous abstracts from literature, is decidedly helpful.

GAGE: "X-RAY OBSERVATIONS"

X-Ray Observations For Foreign Bodies and their Localisation. By Captain Harold C. Gage, A. R. C., O. I. P. St. Louis: C. V. Mosby Company. 1920. Price $1.75.

This little volume contains an account of the work done in the hospital at Ris Orangis and represents lectures given on the subject. The x-ray observation for foreign bodies forms an important part of

the work of the radiologist. The little book before us undoubtedly will be welcomed by many.

GRADWOHL AND BLAIVAS: "BLOOD AND URINE CHEMISTRY"

The Newer Methods of Blood and Urine Chemistry. By R. B. H. Gradwohl, M. D., and A. J. Blaivas. Second Edition. Illustrated. St. Louis: C. V. Mosby Company. 1920. Price $5.00.

This is the second edition of the very excellent laboratory guide that we reviewed originally in 1917. A number of new facts in technic and interpretation have been developed since then. These are incorporated in the present volume.

The text is divided in three parts, the first being devoted to the technic of blood chemistry; the second dealing with the chemical analysis of urine; while the subject of the third is, blood findings and their interpretation. This book is especially valuable to the physician who studies his "cases" carefully in order to fit himself best to benefit his "patients."

BUSH: "PHARMACOLOGY"

Laboratory Manual of Pharmacology including Materia Medica, Pharmacopaedics and Pharmacodynamics. By A. D. Bush, B. Sc., M. D. Illustrated. Philadelphia: F. A. Davis Company. 1919. Price $3.00.

Here is a laboratory manual for those interested in the pharmacologic and pharmacodynamic study of drugs, that contains suitable space for entering the results of experiments and study. In addition to a discussion of certain important plant remedies, like aconite, atropa, belladonna, digitalis, hyoscyamus niger, papaver somniferum, hydrastis canadensis, and so forth, there are numerous diagrams illustrating the physiological effects of these active drugs. The book is useful, more particularly to the laboratory worker and, also, for the physician who desires to investigate certain drugs more closely.

DACOSTA: "PHYSICAL DIAGNOSIS"

Principles and Practice of Physical Diagnosis. By John C. DaCosta, Jr., M. D. Fourth Edition, Thoroughly Revised. Philadelphia and London: W. B. Saunders Company. 1919. Price $4.75.

This latest edition of DaCosta's "Physical Diagnosis" is enriched by chapters on gas edema, gas pneumonia, influenzal pneumonia, the effort syndrome, aviator's heart, and so forth. The work is well known to physicians and deals exclusively with the methods of making examinations of the chest and abdomen. The various sections are as follows: method and technic of physical examination; examination of the thorax; examination of the bronchopulmonary system; diseases of the bronchopulmonary system and mediastinum; examination of the cardiovascular system; diseases of the cardiovascular system; examination of the abdomen and the abdominal viscera.

JAEGER: "TWENTY-FOUR PORTRAITS"

The Faculty of the College of Physicians and Surgeons, Columbia University, in the City of New York; Twenty-four Portraits. By Doris U. Jaeger, with a forword by Samuel W. Lambert. New York: Paul B. Hoeber. 1919. Price $10.00.

This beautiful volume is just what the title page indicates, a collection of twenty-four portraits of members of the faculty of the College of Physicians and Surgeons, Columbia University, New York. A publication of such portraits has occurred on two previous occasions, we are told in the foreword, namely, in 1846 and again in 1857.

The portraits of the faculty given in this volume present the group of men upon whom devolves the duty, so far as that lies within Columbia University, to extend the influence of New York in medical education, to improve the education given in this large center by increasing the usefulness of the general hospital and to preserve the good traditions of the past, to carry on the new methods of the present and to prepare for and apply the promises of the future.

The portraits are beautiful and immensely interesting in as much as they present to us the faces of several well known medical investigators and clinicians with whose splendid work we have been familiar for years.

Condensed Queries Answered

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

Answers to Queries

Answer to Query 6499.—"In the June number, page 436, 'L. S., Ohio,' a case of 'Suspicious Uterine Hemorrhage' is discussed. I suggest that the doctor make a microscopical examination of the uterine discharge for amebæ. I have a similar case and found ameba in the discharge in considerable quantity. Patient, fifty-five years old, no children, one 'miss' about twenty-two years ago at about three months; several slight 'shows,' since menopause, eight or ten years ago, and, rather severe hemorrhage about sixteen months ago. Patient's skin does not have the color of a cancerous patient nor does a vaginal examination through a speculum show any abnormality of vagina or uterus, the cervix appearing slightly pale and no growths to be seen. Discharge from uterus was extremely offensive; regular 'cancerous' odor, sometimes tinged with blood.

"Six months ago, I placed some of the discharge on a warm slide and immediately examined it under the 'scope, stained with aqueous solution of methylene blue; finding considerable numbers of amebæ. Injected into uterus 30 minims subculoyd ipecac, in 1 dram of glycerine. The subculoyd is not as irritating as the fluid extract, but, I find it too irritating to use hypodermically for long. This treatment was continued twice a week for several months.

"Also, hypodermically, emetine hydrochloride, ½ grain was given daily. Results: Lessening of discharge to a very small amount, very few amebæ and control of the hemorrhage. I am now, also, giving the contents of a 5-grain ampule of sodium cacodylate, hypodermically, twice a week and intend to increase the dose of emetine to 1-grain daily.

"I have found ferric alum (ferri et ammoniæ sulphas) excellent in controlling hemorrhages, especially those from the uterus. I prescribe 4-drams in water to make 4-ounces and give 1 teaspoonful of the solution every one to four hours as required, then continuing four times daily, for its tonic effect and to prevent a return of the hemorrhage."

C. W. Tompkins.

Fort Pierce, Florida.

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Replying to query as to how to cure rebellious chronic leg ulcers, bismuth subnitrate, 3 parts, and castor oil (pure), 1 part, applied once or twice a day, with potassium iodide internally (saturated solution, gtts. 10 t. i. d.) has never failed in my hands.

Robert Henry Ash.

Canastota, N. Y.

Queries

Query 6517.—"Brain Omelets and Pituitrin." J. A. H., Texas, writes: "If one eats brains, one eats pituitary bodies. Does heat destroy their potency? Any danger to pregnant women? Some make a brain omelet without previously cooking the brains. Is there any danger if they are not cooked *thoroughly?*"

As you will readily understand, when one eats brains, as purchased on the open market, he is not very apt to consume pituitary glands, as these have been extracted by the

packers. When, however, one eats brains of the "home-grown" variety, i. e., those supplied by local butchers, he does, of course, consume the pituitary gland; yet, even so, he would have to eat brain omelet three times a day for several days before he would get a sufficient amount of the active principle to produce any physiological effect. If the brains were cooked (and we cannot conceive of any human being eating raw brains or even partially-cooked brains), at least one-half of the active substance would be destroyed.

As you are aware, very large quantities of pituitary substance can be taken by mouth with safety, while the amount of pituitrin contained in one gland, if properly extracted and injected hypodermically, would exert a definite physiologic action.

Under the circumstances, we believe it to be perfectly safe for a pregnant woman to eat all the brain omelet she desires. Naturally, however, for her general welfare, the more thoroughly she scrambles and cooks the brains the better.

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QUERY 6518.—"Malaria? Nausea in Concerous Patient." L. E. G., Michigan, asks if we can recommend a bacterin for malaria—"the kind they use in the South. A patient has seen it used there. This man got hurt just above the kneecap by bumping against (as he says) the dash-board of an automobile. Joint painful and swollen. After this was reduced, fever of 101° F. set in, with coated tongue, and so on. Cleared up tongue and temperature went down to normal, remaining so for two days. I gave quinine, grs. 2, every four hours. Now, the temperature is 99° F. There is pain or stiffness in the left knee (the right one was hurt), that is, in the tendons under the knee, those of the right one being all right. Thus it has shifted three times. Will you advise me?

"Also about a woman whom Doctor Bevan, of the Presbyterian Hospital, Chicago, declares to be suffering from cancer of liver and spine. [Should be, spleen?—ED.] He amputated her breast about one year ago. I want something to stop her nausea (mostly mucous)."

Unfortunately we do not know of a bacterin that proves useful in malaria.

It is, moreover, difficult for us to venture therapeutic suggestions in the case of the man who was hurt just above the kneecap by bumping againt the dash-board of an automobile, the result being a painful and swollen joint, which improved under treatment but was followed by a fever of 101° F., coated tongue, etc., which, in turn, cleared up, the temperature going down to normal and remaining two days—presumably under the administration of quinine every two hours. Now, if we understand your letter correctly, the patient's temperature is 99° F. and there is some pain or stiffness in the tendons of the left knee, but none whatever in the right joint.

It is, under the circumstances, rather difficult to regard the present condition as having any connection whatever with the original lesion. On the other hand, there may have been a moderate aseptic arthritis. It would be an excellent idea to have the patient's blood and urine examined.

In the meantime, we can only recommend very thorough elimination and the administration of some such combination as: salicylic acid, gr. 1; iodized calcium, gr. 1-3; colchicine, gr. 1-250; bryonin, gr. 1-128; macrotoid, gr. 1-12; boldine hydrobromide, gr. 1-64; aromatics, q. s., every three hours, with, perhaps, one or two grains of quinine three times daily.

Locally, you may apply with advantage hot compresses of a saturated solution of Epsom salts. Such applications should be followed by inunctions of: guaiacol, grs. 40, methyl salicylate, grs. 40, menthol, grs. 3, lanum and petrolatum to make oz. 1, the joint then to be wrapped with flannel.

We sincerely wish that we were able to recommend something that would control the nausea in your female patient suffering from cancer of the liver and spine(?). In these cases, the only thing that is likely to prove beneficial is thorough gastric lavage and the administration of morphine or codeine, sometimes in alternation or in combination with hyoscine or hyoscyamine. Occasionally, some benefit follows the administration of cerium oxalate, alone or in conjunction with bismuth subnitrate.

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QUERY 6519.—"Removal of Smallpox Scars." A. C., Oklahoma, has a patient, nineteen years old, who, at the age of two years, had a severe attack of smallpox. There are many pock-marks, and some

quite deep, on this young lady's face. He asks if we know of any way in which these pits can be obliterated? Our correspondent has removed a great many warts, moles, and such, by fulguration. In all these cases, the flesh has been left smooth, clean and without the least resemblance of a scar.

We sincerely wish that we were able to suggest a method for removing pock-marks from your patient's face.

At various times, for the last fifty years, someone has suggested that the "pits" could be removed by the careful application of caustics, electrolysis, and similar methods, but, to the best of our knowledge and belief, usually the last state of their patients has been worse than the first, for the simple reason that the typical pit of smallpox is a true depressed scar and can be entirely removed only by dissection and bringing together of the adjacent normal skin. Here, again, a linear scar is prone to result, which would be almost as objectionable as the ordinary pock-mark.

Should you try fulguration, we should very much like to know what your own experience may be in this case.

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Query 6520.—"Focal Infection?" W. T. J., California, states: "I am writing you regarding a case, hoping you can suggest something that will prove helpful. Patient has been examined by some of the best doctors in San Francisco, all making tests of blood and urine. Samples of urine were taken directly from each kidney and nothing but colon bacilli were found. Of course, there was pus and a slight amount of albumin. No casts, cells or anything else was found that would indicate destruction of the kidney tissue. Guinea-pig inoculation showed nothing.

"The pelves of the kidneys were injected with a bismuth solution for the purpose of x-ray examination. That showed no involvement of kidney tissue. However, they over-distended the pelves of the kidneys and patient collapsed on the table, but was able to leave the hospital after seven or eight days.

"Family and personal history is negative. Patient never had any venereal disease and, up to the time of going to the city for examination, never knew he had kidneys or a bladder, excepting twice daily when he had to urinate; never had to get up at night. For several months prior to going to the city, had attacks about every three or four weeks in which he would feel "all in" and would run a temperature up to 102° F. After the attacks passed off, would feel fine. The last two attacks before examination, pain appeared over the right kidney in the back, also in front, radiating down to the bladder. The pain appearing in that region worried him so that he went to the city. For weeks after the examination, he passed a gallon or more of urine daily. Specific gravity, 1010; acid at first, neutral later. No sugar. There is no pain over the region of the kidneys now and very little more than the regular quantity of urine is voided. For the past two days, there has not been any fever, although generally some is present. Ever since the examination, not before, patient has complained of a dry mouth, worse at times than others. When it gets slimy, it "tastes bad" and has a tendency to nauseate him. Appetite is poor and bowel movement sluggish. He has lost about fifteen pounds in three months. Is now fifty years of age."

Unfortunately, with the facts at our disposal, we are unable to prescribe intelligently for your patient.

You state that he has been examined by "some of the best doctors in San Francisco, all of them making tests of blood and urine," but you do not give us any idea of their diagnoses or general line of treatment.

It is most unfortunate, of course, that the renal pelves were overdistended, but the facts you present seem to warrant the conclusion that there is no definite disease of the kidneys, such as nephritis or pyelonephrosis.

The fact, however, that every three or four weeks the patient runs a temperature up to 102° F. is distinctly suggestive of some focal infection. We do not know just when the bismuth injections were given, but you state that "for weeks thereafter the man passed a gallon of urine daily." We understand, however, that at the present time the amount voided is about normal and there is no pain, either in the vesical or renal region. The dry mouth of which you speak may be due

to hepatic torpor, a low-grade gastritis or autotoxemia of intestinal origin. Under such conditions, of course, loss of weight is frequently observed, especially in a man of this age.

We would suggest (and, bear in mind that this is a suggestion only) that you order some such combination as: podophyllin, gr. 1-4, leptandroid, gr. 1-2, irisoid, gr. 1-4, nux vomica, extract, gr. 1-16, capsicum, powdered, gr. 1-3, every third night for two weeks, and follow with a dose of sodium phosphate (effervescent) the next morning on rising. Before meals, give: strychnine arsenate, gr. 1-128, quassoid, gr. 1-64, papain, gr. 1-2, and juglandoid, gr. 1-8; and, one hour after food: pancreatin, gr. 1-2, papain, gr. 1-2, diastase, gr. 1-2, bilein, gr. 1-32, strychnine sulphate, gr. 1-128, ginger, gr. 1-4, charcoal (vegetable), grs. 2 1-2, sodium bicarbonate, gr. 1.

Diet this patient carefully, having him avoid meat, but eat plenty of fruits, vegetables, cereals, cream, butter, milk (preferably diluted with Vichy), wholewheat bread, Zwieback, and such. Naturally, he should eat very little cake or pastry, and no sugar to speak of.

Should you feel disposed to give us a clearer idea of conditions, i. e., pulse rate, heart sounds, condition of reflexes, and so on, we shall be pleased to serve you to the extent of our ability.

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Query 6521.—"Quinine and Urea in Neuritis." J. S. M., Indiana, asks us to express our opinion regarding the desirability of injecting quinine and urea hydrochloride for the relief of neuritis.

As you know, this remedy is enjoying much favor as a local anesthetic, being used by many physicians in preference to procaine for small operations. By intramuscular or intravenous injection, the combination has been recommended by Prof. Solomon Solis-Cohen, in the treatment of pneumonia, malaria and of other inflammatory conditions in which the antipyretic effect of quinine is desired, in addition to the anesthetic effect of the combination.

As to the advisability of employing the remedy in treating neuritis, we hesitate to advance an opinion but there can be no valid objection. Undoubtedly, it would be possible, in this manner, to allay the nagging and, sometimes, atrocious pain that is associated with neuritis. Possibly (we are not certain but it is quite thinkable) an antiphlogistic action may result from the administration of the remedy, through which the inflammation of the nerve, or nerve-sheath, would be lessened, and thus a curative effect be obtained, which naturally would be far more desirable than the purely symptomatic treatment of relieving pain.

As to the dosage in which quinine and urea hydrochloride may be given, that depends largely on the patient. In adult patients, and for hypodermic injection, we would not hesitate to employ the contents of one ampule, as put up by The Abbott Laboratories. If there is any special susceptibility to quinine, this would become manifest after the first dose, so that the next could be made smaller.

The frequency of the dose must depend upon conditions. Probably, one injection, at first, daily; then every two, three or four days, would be sufficient.

At the same time, the physician must never lose sight of the importance of tracing the neuritis back to its origin. At times, it is due to intestinal autointoxication. In others, there is a basic bacterial intoxication, which may be quite occult. In obscure cases, we naturally suspect the teeth, the tonsils, perhaps a "chronic" appendix—in short, any place where there may be a collection of pus. Thus, a case of neuritis will present material for interesting and useful study.

Any treatment intended to overcome the pain can be only symptomatic and its value would only be transitory until the "root of the evil" is removed.

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Query 6522.—"The 'Double Sulphides'." W. S. R., New York, writes: "Can you send me literature in regard to the double sulphide compound, originated by Burgess?"

We are unable to furnish literature regarding the double sulphide compound (Burgess).

However, in "New Field Science," Burgess, himself, gives the following directions for preparing the double sulphide: "Take 4 pounds of slacked lime, 1 pound of magnesium sulphate (in fine powder) and 1 pound of sulphur; mix and add 3 ounces of sugar; again mix thoroughly

and place in an iron stove-pan on top of a hot stove. Stir the powder from the bottom constantly until it is changed to a dark green yellow. If the heat is continued too long, the color will be grey and the drug intensely strong."

Burgess also recommends a triple sulphide, which is made in the same way, with the addition of three ounces of iron oxide in fine powder.

The dose of either is 1 grain, more or less according to age of the patient and circumstances. Burgess suggests 1 grain every hour until 8 doses have been taken, then about four times daily. As you are aware, he also insists upon the necessity of constant Epsom-salt sponge baths.

If you are interested in the double sulphide and Burgess' theories in general, you might with advantage obtain "New Field Science," published by The New Field Laboratory, East Chattanooga, Tenn. Price $1.00.

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Query 6523.—"Autotoxemia: Trachoma, etc." A. B. E., Arizona, while practicing in Africa (as a medical missionary) contracted headaches; the first one came after exposure to the vertical rays of the sun, the mission being located just on the equator, but, except during an attack of malaria, he did not suffer materially with headaches until after contracting the "flu" here. He thinks autotoxemia is the causative condition.

"Can you," he writes, "tell me if Dr. G. R. Butler's 'Diagnostics of Internal Medicine' is still being published (in new editions), either by Appleton or others? Or if Doctor Butler has written a Practice after the style of his Diagnostics. I think the latter the most helpfully arranged work on diagnosis I have ever seen.

"I am not getting results in a few of many trachoma cases (mild type) with either 25 percent of argyrol or with copper sulphate solution, though argyrol does well in most cases (a drop into eye once or twice daily). Could you suggest another solution, or treatment?

"Also, what is the cause of and the best way to remove a numb or tingling sensation in my left thigh, especially leg and foot? I just began to experience it. I awaken at night with my foot, leg and thigh, especially the former, very helpless, benumbed and tingling or pricking, as if full of pins, and, to get relief, I must get out of bed and kick and stamp my foot for fifteen to thirty minutes; even then, it remains full of the prickling and partial numbness. I have never injured my leg or thigh that I know of. I wear a loose truss for left inguinal hernia but, even if I take the truss off, the disagreeable sensation does not leave. I shall be very grateful for any light on the subject.

"Should apples or other fresh or dried fruit contribute to aggravation of my headaches? I crave apples, and other fruits, of which there is plenty here."

We understand that a new edition of Butler's "Diagnostics of Internal Medicine" is on the press. Subscriptions for the work are now being received by the Appletons. Probably, Anders' "Practice of Medicine" will best meet your requirements and most nearly equals Butler for directness and clearness of style. A new edition has been issued recently and is published by Saunders.

We present your query relative to the treatment of trachoma to the readers of Clinical Medicine. Personally, we have almost always been able to obtain results from the use of protargol or argyrol solution.

In mild cases, it has been our habit to order that the eyelids be washed out every three or four hours with a saturated solution of boric acid, or a 10-percent solution of protargol twice a day. Later, when irritation abates, a 2-percent solution of silver nitrate should be painted on the lids with a camel's hair brush, once a day.

In the chronic case, of course, pure sulphate of copper will have to be applied. We have not had any success with jequirity.

We sincerely wish that we were able to suggest something that would relieve the numb sensation in your left leg but, as you will readily understand, it is very difficult to venture therapeutic suggestions without having a clearer idea of the cause of the condition. It is evident that there is some circulatory disequilibrium and were it not that you find no improvement following removal of the truss, we would be inclined to think pressure by the apparatus responsible for the trouble. Sometimes, the presence of varicose veins ac-

counts for the annoying numbness and pricking.

We would suggest small doses of strychnine and rather full doses of cactoid three times daily. Thorough massage of the limb before retiring, preferably preceded by careful sponging of the part with salt or Epsom-salt solution. It is just possible that a hot sitz-bath at night might prove helpful, and we are quite sure that use of the sinusoidal current would be of benefit.

It is just possible, of course, especially considering your long residence in Africa, that there is some hepatic congestion and disturbance of the portal circulation.

Apples, salads and cereals are certainly indicated, under the circumstances. We cannot for a moment believe their consumption will in any way contribute to headache. It would, of course, be well to have your urine thoroughly examined.

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QUERY 6524.—"Hysteria?" E. W. S., Oklahoma, has under care a little girl six years old, who has for several days been "kinder dragging around." Complained first of "hips hurting," then her knees; no appetite and very little bowel movement. He gave her small doses of calomel and several doses of oil, but without much effect. On the second visit, he says "she would cry and say, 'my legs hurt.' They would draw up till her knee almost touched her stomach. I gave more calomel and oil, which brought away several bilious actions, then there began a regular pounding in her abdomen as though she were pregnant. In addition to *seeing* the muscle movements, I would place my hand over her abdomen and distinctly feel a disturbance like the kick of a child in its mother's uterus, only it was regular (3 to 5 times per minute). I gave nux vomica, 2 drops every two hours for ten doses; more calomel and oil, then high enema, which brought several small actions—one contained a few raisin seeds and one candy gumdrop. She seems to be better this morning; still, the trouble in her abdomen continues though not so often and to a less degree. Her temperature has been normal all along until this morning, when it registered 95 2-5° F. It returned to normal after giving cactoid. She has talked a great deal at random, though never nervous or delirious and, aside from these symptoms, has not appeared to be very ill. She takes great pride in her personal appearance and remains with her dress, shoes and stockings on, most of the time. I noticed last night, when her mother attempted to put her back to bed after her bowels moved, that her hands grasped the bed and she could not open her hands nor could we readily open them. I thought from other symptoms that she would become convulsive but she regained herself and was returned to bed. I thought that, maybe, worms had some part, so, I gave her calomel and santonin three times, two hours apart. Now, six hours since last powder, there occurred several very bilious actions, but no worms came away.

"This little girl has been worrying a great deal about her grandmother not visiting her as she had promised. Has talked in her sleep of her disappointment and frequently cried during the day. Her mother hearing her cry would go to her and find her almost in convulsions, when she would say, 'If Grandma would come I would be all right.' Since I told the little girl that I had telephoned for her grandma and she would be here Monday, she has appeared to be better, though the abdomen still pounds at times.

"She has a sister, 2½ years old, who is strabismic and with right arm partially paralyzed, in fact, is abnormal throughout her right side. The patient, however, until now, has been an exceptionally bright, pretty and healthy little girl. Do you suppose such a young child could get into such a condition over some disappointment? Or what must I think is her trouble?

(Later) "The little girl's grandmother arrived and, while the child is greatly pleased, there is an occasional pounding or jerking in her abdomen. She still talks at random. When asked, 'What are you doing?' she will reply, 'I am fixing my breakfast,' 'I am hunting for my two pieces of cake,' 'I like to eat soap,' and 'I am tying my ribbon,' then cry a short while and, of course, her kin will insist on 'What's the matter, Honey, Sister, Daughter, etc.' Then, after awhile she may reply: 'My leg,' 'my stomach' or 'my chest hurts,' though she has never appeared to be in pain.

"There is not—nor has there been—any flatulence or fermentation and very little odor from her actions. Still, while I do

know, from the raisin seeds, gumdrop, onion skin, etc., eaten days ago, that a great deal may be due to autotoxemia, it seems that under such conditions there would be flatulence, a bad odor from actions and fever. I gave her a high enema, but the water returned colored only a little; her stomach and bowels seem to be absolutely empty. Her "foolish talks" grew so frequent and since she was without sleep for two days and most of two nights, I gave her two doses of bromides, which brought her quietude for several hours, less talking, but very little sleep.

"In many ways, she shows hysteria, but could this obtain in one so young? She has no cough or sore throat and her urine seems to be right in color and quantity. Her mother told me that, last October, she found the little girl crying, saying, 'I swallowed a leg off an alarm clock.' She made her eat a lot of dry bread and gave oil and during these months of watchful waiting she has never seen the clock leg pass, though it might have done so. Do you suppose that the clock leg is giving trouble?"

We have given the facts presented in your very interesting letter most careful consideration.

First, we would call your attention to the fact that hysteria, while not generally regarded as a disease of childhood, is encountered in early life a great deal more often than is usually imagined. It is true that most writers state that true hysteria is rare before the seventh or eighth year and that most of the cases seen in children occur after the tenth. This writer, however, has seen hysteria in several children between the fourth and seventh years, especially in those who inherited a nervous constitution or in whose parents nervous diseases, hysteria or alcoholism have been present.

It must not be forgotten that disordered nutrition, masturbation, or anything that leads to an exalted nervous irritability and depreciation of the general health may cause hysteria; and it must always be borne in mind that hysteria may simulate almost any form of organic disease of the brain, digestive organs, bones, lungs or joints.

The fact that your little patient states she has pains in various parts of the body, i. e., "my leg," "my stomach" or, "my chest hurts," is distinctly suggestive, as is the fact that there is no tympany, no distinct pain or pressure over the abdomen, no rise of temperature or vomiting.

On the other hand, we must think of spasmophilia (tetany), this, again being possibly due to autotoxemia. The fact that you have been able to remove raisin seeds, gumdrops, candy, and such, from the intestine, evidences an unsatisfactory condition, and there is no question in this writer's mind but that the swallowing of the alarm-clock leg some months ago must be given due consideration, especially as this substance was probably brass and, at this late period, if retained, may be setting up metallic poisoning.

Under the circumstances, treatment will have to be symptomatic and, were we in your place, we would make a very gentle but thorough examination of the abdomen, and, if symptoms do not materially improve, take the little one to a competent radiologist.

In the meantime, have the blood and urine examined and administer digestants and some such antispasmodic as hyoscyamine or lobeloid, in very small doses. Benzyl benzoate is a new and promising antispasamodic. Do not give strychnine in any form. Diet the little one very carefully, keep the skin active with frequent Epsom-salt sponge baths and, at least every second or third day, administer a high enema.

Test the reflexes from time to time and insist upon the parents the necessity of belittling or ignoring symptoms as much as possible.

Finally, let us suggest that you find out the condition of this child's genitalia and look into her habits. Just such trains of symptoms have speedily disappeared after a circumcision.

If you can get it down, a reasonably full dose of castor oil will probably prove more effective than calomel in this case, but, if you can not give oleum ricini, give mineral oil rather freely for a while.

You will have to watch this little one carefully and be prepared for any eventualities. We would pay particular attention to pupillary reactions.

An X-ray examination may prove very enlightening, likewise.

Sleep Restores the Balance of Efficiency

Loss of sleep is a form of starvation more certainly destructive, even than that resulting from the lack of food.

Sleep, on the other hand, reverses the downward trend caused by our waking activities and elevates us, physically and mentally, to a point of efficiency commensurate with the quality and quantity of sleep we have experienced.

A scientifically built mattress is not the least important factor in inviting sleep of complete relaxation and thus completely restoring the balance of efficiency.

In the Sealy Mattress every requirement of hygienic design, sanitary construction and physiologically correct service has been met. Only antiseptically cleaned long fibre cotton is used and the special air-weave process makes it a complete unit **without tufting.** This mattress invites deep, restful sleep because of its resiliency, and because of the unbroken, smooth surface which molds itself to support every part of the body.

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News Notes Department

That heat has therapeutic value in itself nobody can reasonably deny. It is only a question of how it should be applied to the body surface to obtain from it the maximum good in the way of results. The old way, if not indeed the oldest, was to apply it through the medium of the poultice; thus was the fashion of our great-parents. It is still in use among us moderns in the form of the clay or mud poultice, this material having largely displaced flaxseed, for example, because more cleanly and retentive. Another way of applying heat is by means of the hot water bottle, as well as the electrical pad. But the latest and no doubt best way of all is to use the incandescent lamp, such as offered by the Physicians' Supply Company, of Waukegan.

This lamp, being of high voltage, throws an intense light upon any selected surface, as desired. It is suspended from the ceiling at the end of a pulley cord and the light itself focussed with proper reflecting shade. To concentrate on any spot is the work of a moment; the effect sought the local condition, the personal element, must decide how long a part shall be exposed to the intense heat thus derived, and here the intelligence of the operator is called into play. With judicious use very good results are had with heat applications, as many know.

The prostatic cases occurring in the routine of medical practice are among the most unresponsive of the ailments the doctor is called upon to treat.

From the surgical angle, they are perhaps even more trying. The mortality is rather high. The operation is a serious one. The prospect for the patient is anything but bright in most of the cases. Consequently, the doctor hesitates to recommend the surgical recourse, especially for elderly men, so many of whom succumb to uremia if not hemorrhage. In this connection, it is interesting to note that the choice of anesthetic in large part determines the prognosis, according to recent writers.

But what of the medical treatment, pure and simple? What form of medication can one use with reasonable hope of bringing relief to the tortured prostatic? Well, there is Sup-

The Management of an Infant's Diet

A Temporary Diet in Summer Diarrhea

Mellin's Food . . . 4 level tablespoonfuls
Water (boiled, then cooled) **16 fluidounces**
To be given in small amounts at frequent intervals.

Each ounce of this mixture has a food value of 6.2 Calories and furnishes immediately available nutrition well suited to spare the body-protein, to prevent a rapid loss of weight, to resist the activity of putrefactive bacteria, and to favor a retention of fluids and salts in the body tissues.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

Watch Pepsodent

Mark the good that it is doing

Pepsodent contains pepsin.

It is acid in reaction.

It omits soap and chalk. Soap is alkaline, and opposed to modern dental opinion.

Its polishing agent is tricalcic phosphate, finely powdered, sifted through a 200-mesh. Five years of tests have proved this to be the ideal polishing agent.

How Pepsodent acts

Pepsodent multiplies the flow of saliva and reduces its viscosity.

It multiplies the starch digestant—the ptyalin—in the saliva, to combat the starchy particles which cling.

It multiplies the alkaline index of the saliva and maintains an excess long. This to neutralize mouth acids as they form.

It keeps teeth highly polished so plaque is less apt to cling.

Its tricalcic phosphate is uniquely efficient in direct plaque removal.

Some objections

Pepsodent has millions of users now. Every Doctor sees the results. But still we occasionally hear of objections.

Some ask us, "Will the acid harm?"

We have kept natural teeth immersed for four years in Pepsodent mixed with saliva. Not the slightest harm has resulted.

Some ask, "Is the polishing agent too efficient for daily use?"

We have brushed natural teeth with Pepsodent 250,000 times. To both gold and enamel we have applied what would equal years of ordinary brushing. Pepsodent does not harm.

Remember that Pepsodent omits all soap—a lubricant. Any polishing agent would seem conspicuous to people accustomed to soap.

But five years of constant tests have shown that all the good of Pepsodent is accomplished without ill results.

Send the coupon for a tube if you have not tried it. Write for our technical literature if you do not know the facts and the formula.

Pepsodent PAT. OFF. REG. U.S.

The Modern Dentifrice

An efficient plaque combatant which complies in all ways with the best dental opinion.

THE PEPSODENT COMPANY, 463
6019 Ludington Bldg., Chicago, Ill.

Please send me, free of charge, one regular 50c size tube of Pepsodent, also literature and formula.

Name .....

Address .....

Enclose card or letterhead

pos. Prostans, for example. The Regent Drug Co. are recommending this suppository. They invite trial on the part of those not already using it. See their coupon offer in our advertising section.

Not the least of agencies and methods designed for the treatment of physical ills is orificial surgery. While new to many, it has claimed attention on the part of certain others, in the profession, under the sponsorship of such able men as Pratt, whose clinics are remembered for the enthusiasm there shown by teacher and pupils, and for the results obtained.

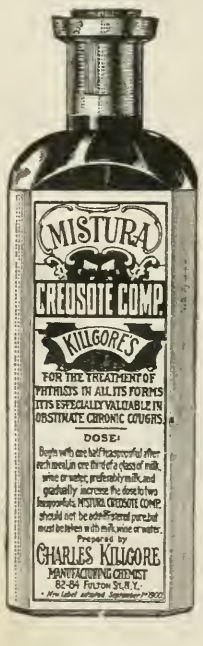
That many of the ills afflicting humans are due to irritation of the sympathetic nerve at the orifices, chiefly the rectal, is the claim of those practicing this method of treating disease. By removing or correcting this irritation ailments far remote from the orifice are benefited or cured, it is said, and baffling cases, reducing the patient to a state of invalidism without definable cause, successfully attended.

The method may appeal to some of our readers. In any event, attention is called to the fact that a correspondence course of twenty lessons is being offered, from 233 Utica Bldg., Des Moines, Iowa. The instruction given is lucid and practical, embodying the really essential, in the interest of the general practitioner.

Nothing is more necessary than sleep and nothing more body-racking than persistent wakefulness. Some need less sleep than others; some ten hours; some only six. The requirement varies but for each person there is a distinct need for sleep in terms of hours, which if not met is sure to tell in terms of ill-health and inefficiency. One cannot be thoroughly fit and at his best physically and mentally who fails to get the quantum of sleep which by nature his organism requires.

It is suspected that less attention is paid to the bed itself by people generally than is proper. There are men who can sleep soundly on a pine board, unmilled at that, but not so with most of us. As regards most of us, whether we sleep well or not, restfully or not, depends very largely on the bed we lie upon, especially the mattress. And this fact makes the advertisement of the Sealy Mattress Company, in the present issue, worthy of attention. The stuffing in their mattress is said to be long fibre cotton, antiseptically cleaned before use and so massed, without tufting as in ordinary mattresses, that there is no bunching in places, nor ridges nor unevenness in consequence. Moreover, it is resilient to the utmost, and otherwise hygienically correct. It might well be remembered for the bedridden invalid.

The preparation offered under the name of Dionol is rather an innovation. Available for some time in the form of ointment and emulsion, it is said to consist of hydro-carbons, that is to say, neutral mineral oils, specially selected for gravity, viscosity and other properties, and refined for topical application. No



Home Treatment In Tuberculosis

With over a million active cases of tuberculosis home treatment is absolutely necessary. It consists of rest, food and fresh air supplemented by proper medical attention and medication and there is no medicinal agent that equals Beechwood Creosote when properly administered.

Mistura Creosote Comp. (Killgore's) will meet all the requirements of the creosote treatment. It is a palatable preparation of the best Beechwood Creosote and does not disturb the stomach.

Dose: Teaspoonful in one-third of a glass of milk or water after meals.

Sample and literature sent to Physicians on request.

CHARLES KILLGORE

Manufacturing Chemist Estab. 1874

82 FULTON STREET NEW YORK

The Particular Qualities

which recommend Grape-Nuts to the physician—whether for his own use or as an article of diet for patients—are its ease of digestion and its nourishing, up-building properties.

Grape-Nuts

is made to supply the necessary nutritive elements of whole wheat and malted barley in a palate-pleasing form which the body will quickly and easily assimilate.

Nothing enters into the making of Grape-Nuts except whole wheat, malted barley, salt, yeast, and artesian water. Twenty hours baking, after a mixing process, starts the breaking down of the starch in the grains and produces the sweet, nut-like flavor, making the use of sugar unnecessary in serving.

Grape-Nuts with cream or rich milk is a remarkably well-balanced ration—unequaled by any other ready-cooked cereal for building health and strength.

"There's a Reason"

Samples of Grape-Nuts, Instant Postum and Post Toasties, for personal and clinical examination, will be sent on request to any physician who has not received them.

Postum Cereal Company, Inc.,
Battle Creek, Mich., U. S. A.

drug action is claimed for it. Its favorable action in conditions of localized inflammation, for which it is recommended, is due, it is said, to its neuro-trophic influence on the disordered tissues. It acts mechanically, in other words, supplying to the tissue cells the vital qualities that are dissipated in local inflammation, in direct ratio to the amount of pyrexia present. This Dionin does, we are told, by osmotic action, which penetrates the tissues, and coats all the cells and with them the nerve sheaths with a very thin non-conducting layer, which is sufficient to insulate the nerve sheaths and stop the leak and loss of nervous energy.

The theory cannot be expounded in this brief space. It is attractive, one must admit, and worth investigating, for which informative leaflets may be had. Dionin on tampons is recommended by its sponsors for the treatment of endometritis and other similar disorders of the female organism. For such conditions it is reported to be quite effective.

Huston Brothers Co.,
30 E. Randolph St., Chicago, Ill.

Gentlemen: Your letter of June 13th at hand today. Will say that you are welcome to use my letter in any way you see fit. Also please accept a word from my mother. She came to me from Boston, Mass., in March, 1918, in very bad health—could hardly walk. Could not stoop over to pick up anything from the floor. In April of that year I took her to Dr. Willits He gave her a Huston Baird's Pessary—one like mine. Today she is able to walk, run, get down on her knees and scrub—something she has not done for years. She can not say too much in praise of the Huston Baird's Support. Her trouble was of seven years standing, causing bad hemorrhage and bladder distress; today she is free from that—at 62 years of age.

Respectfully yours,
Mrs. N. D. Smith,
Anaconda, Mont., R. 1.

Before the great war from which we have just recently emerged, the leading spas or watering-places of Europe drew their throngs largely from this side. But for some years past, with obstacles put in the way of travel, people have had time to investigate our own resorts, the result being that the latter have been patronized of late as never before. And this is as it should be, for in fact we have resorts in our own country that compare quite favorably with those abroad.

Among these is French Lick, in the state of Indiana, from whence comes the news that Dr. Dunning S. Wilson has been appointed to take charge of its medical department. Thus ably supervised, we may know that the hydropathic and other remedial resources of the famous hostelry will be utilized to the best advantage. Henceforth, visitors will have better care than ever from the medical side.

Reviewing his career, it is plain that Dr. Wilson has had a large and diversified experience. For some years, in Louisville, he was engaged in

FEL BOVINA

A combination of oxgall with laxatives prepared in a manner in which the oxgall retains its full value. It is known that the extract loses considerable strength when dried and, therefore, the liquid preparation is to be preferred.

FEL BOVINA increases the secretions of the liver, pancreas and intestinal glands and is especially indicated in hepatic and intestinal disorders. We highly recommend this preparation in acute congestion of the liver with imperfect discharge of bile or catarrh of the common bile duct.

We will gladly send sample of FEL BOVINA upon request so that the physician may fully appreciate its therapeutic value.

STEARNS & WHITE CO.

Established since 1887

CHICAGO, - - ILL.

How do you Treat Ulceration?

Since ulceration depends for its occurrence upon LOCAL INFLAMMATION, and because persistence of local inflammation prevents the clearing up of such conditions, the most rational treatment is DIONOL. The clinical results that follow its use justify and prove the claims made for it. For example—

Varicose Ulcer

Dr. W. W. W. writes: "I wish to report a case of Varicose ulcer of one year's standing that I cured with Dionol in the period of three weeks. I consider this remarkable."

Infected Wound

Dr. I. H. L. writes: "Dionol has given me great results in a case of infection due to a puncture of the hand with scissors. The wound was discharging pus freely and the arm was inflamed to the elbow, but Dionol entirely cleared it up in 4 or 5 days."

Chronic Leg Ulcer

Dr. C. W. C. writes: "I have been using Dionol on a chronic leg ulcer that had defied several doctors, and which had me with my back to the wall. I have never seen anything that acted so beautifully. In 6 weeks the healing process was complete."

Send for Literature, Case Reports, Samples, Etc.

The Dionol Company

864 Woodward Ave. **Detroit, Michigan**

Dept. 20

private and institutional practice. But like many others he entered upon war service and as an army surgeon advanced successively to the rank of major and lieutenant-colonel. For notable work in the interest of sanitation he received a citation and was recommeded for the distinguished service medal.

ZEMATOL eradicates eczema. Samples and literature mailed free. Chicago Pharmacal Co., Chicago.

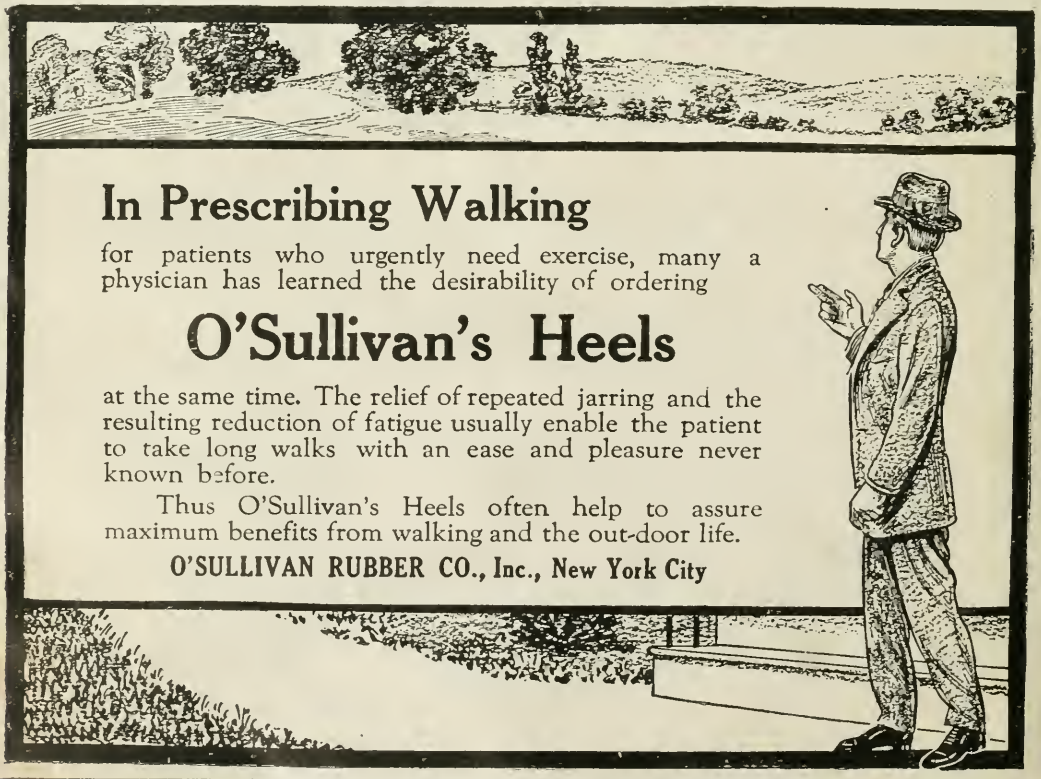
White sterile hands in the strict sense cannot be expected in the ordinary process of washing, regardless of the antiseptic used, still we know that countless germs are effectually disposed of in the process of washing and rinsing, the result largely depending on the thoroughness with which it is done. This has been shown by bacterial counts from successive wash and rinse waters.

How efficient any socalled germicidal soap depends on its cleansing properties in part and again on the active agent carried. Some soaps of this class have a fair degree of merit on these counts but by reason of the caustic alkalies in them and also the germicide itself (being intrinsically irritant) they have a roughening effect on the hands that is most undesirable.

Chlorazene Soap Powder, now being supplied by the Abbott Laboratories, Chicago, is free from this fault, being basically neutral. Moreover, its contained germicidal agent, while many times stronger than phenol and mercury bichloride, is unirritating, whether in contact with skin or mucous surfaces. It is excellent, not only for cleansing the hands and site of operation prior to puncture and incision, but for many other purposes such as recur constantly in the work of doctor, dentist and nurse.

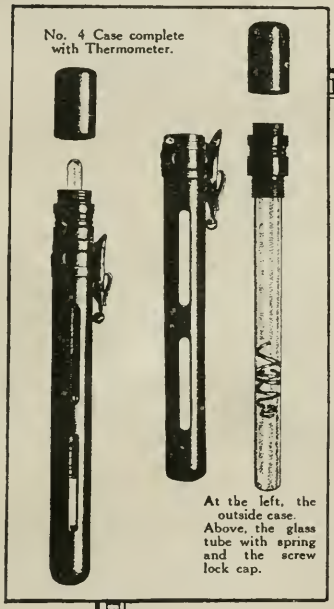
This soap is preferable in several respects to soaps in cakes or ready-prepared solutions. It is handy to use. Only as much of the powder need be sifted out of the can (sprinkler-top) as is required at the moment. There is little or no waste and such portion as remains in the can is not contaminated, as is the case when cake soaps are used.

The doctor who allows a case of dropsy or ascites to progress so far as to require tapping, has not paid due attention to the best interests of his patients. Ascites or anasarca means simply a collection of effused fluid in the tissues. Unless it has been neglected beyond any reasonable measure, such effused fluid can be made to be resorbed. Effusion of fluid results from circulatory stasis. This means that an increasing amount of labor is thrown upon the heart which is already unable to perform its full normal functions. It is poor therapy to attempt to bring about resorption of effused fluid simply by the administration of mere diuretic agents. While the kidney should be stimulated to increase its function, the heart also should be stimulated and strengthened, and the kidneys made to join with the heart in bringing about not only resorption, but elimination of the effused fluid. Anasarcin


In Prescribing Walking
for patients who urgently need exercise, many a physician has learned the desirability of ordering
O'Sullivan's Heels
at the same time. The relief of repeated jarring and the resulting reduction of fatigue usually enable the patient to take long walks with an ease and pleasure never known before.
Thus O'Sullivan's Heels often help to assure maximum benefits from walking and the out-door life.
O'SULLIVAN RUBBER CO., Inc., New York City

Always ready-

Always Sterilized



Morneau Sanitary Thermometer Case

Efficient ***Convenient***

PROTECT YOUR PATIENT.—The Morneau Sanitary Thermometer Case holds your fever thermometer completely submerged in sterilizing liquid at all times when not in use. (No washing necessary.)

PRACTICABILITY.—Designed by a Physician after years of experimenting. It is built for hard usage and should last a life-time, as it is made of the highest grade materials. It is no larger than a fountain pen—just as easy to carry.

FOR PHYSICIANS
With Handy Pocket Clip

FOR NURSES
With Gold Chain and Pin

MORNEAU ONE MINUTE THERMOMETER.—Any thermometer can be used, but we recommend "The Morneau One Minute" as it is the only satisfactory instrument on the market, with markings inside the glass, permitting the use of alcohol as a sterilizer.

Order from your dealer or direct from us.

Morneau
SANITARY THERMOMETER CASE COMPANY
APPLETON — WISCONSIN

Tablets are said to produce such action and effect. They contain the essential extractives from squills, among others, which are reputed to act upon the cardiac muscle favorably, while at the same time promoting renal functioning.

The Anasarcin Chemical Company, Winchester, Tenn., are so confident the combination will do the work for which it is intended, that they offer a sufficient sample quantity to convince the doctor.

For preparing an antiseptic solution suitable as a vaginal douche, for that host of women afflicted in this day more or less grievously with leucorrhea, and for ordinary need to keep the vaginal tract clean, the enterprising chemist and pharmacist have given us some excellent things. One of them is Tyree's Antiseptic Powder. It is not new, having been advertised to doctors for about two decades; but lacking the feature of novelty it has at least the feature of age, tried and still prosperous.

It is said to be efficient against the germs which commonly inhabit the vaginal tract and yet neither poisonous nor irritating to skin or mucosal tissues, and safe therefore to entrust to one's patient for routine use. Two tablespoonsfuls to a douche-bag of water is the quantity advised for solutions.

If without yielding efficiency, at least as afforded by phenol or bichloride, we may have an antiseptic agent or compound of agents that is safer to use than they, the choice would be easy to make. Whether Tyree's Antiseptic Powder measures up to requirements can be determined by inquiry and clinical trial, for which samples are presumably available on request.

Something new at last in thermometers is being offered for professional approval.

From Appleton, Wis., comes an instrument called "The Morneau One Minute" with markings not on the glass surface but underneath, permitting the use of alcohol as a sterilizer when this is desired.

But the most interesting features attach to the case in which the instrument is carried. This case is designed to contain a sterilizing liquid in which the thermometer is immersed at all times when not in use. This feature will appeal no doubt to a great many.

In the past, hurry and distraction of one sort or another has often caused users to neglect the cleansing that every instrument have after being used. Often it was not convenient to attend to this. Now, however, there can be no excuse. When put back in its case the thermometer is automatically sterilized.

Also, the case is said to be more durable than most. Leakage is prevented by a special lock screw cap.

Decidedly and beyond dispute the antiseptic of the present is the halogen, chlorine, as carried in one compound or other from which on contact with bacterial protein it is given off in the nascent state. Obviously, the chlorine-bearing antiseptics on the whole are taking, if they have not

STEARNS QUALITY FOUNDED 1855

The Laxative For Children

Kasagra contains no active ingredients other than Cascara, and gives the tonic laxative effect in its entirety. Since it is a concentrated preparation, it is efficient in small doses.

Because of its agreeable taste and mild but prompt and effective action, constipation in children readily yields to Kasagra.

Prescribe the Original Kasagra

The term "Kasagra" was coined and adopted to protect the medical profession, druggists and ourselves against other preparations bearing the name "Cascara Aromatic", a title original with us. You can make sure of obtaining the original and genuine full strength Cascara Aromatic by specifying "Stearns' Kasagra" on your prescriptions.

Write for Physicians' Samples

Frederick Stearns & Company

Manufacturing Pharmacists

Detroit, Michigan

In business over sixty years

Healthful for Hospital or Home

Grape Ola beverages are ideal for the ill and convalescent. Physicians are recommending them without the slightest hesitancy. Their effect is as beneficial as their taste is pleasing.

Grape Ola Concentrate has a pure fruit flavor. Its purity is vouched for by food experts. Its economy makes it a luxury of a rich home within the reach of all.

The Grape Ola Hy-ball is the most popular of the Grape Ola beverages. It is easier to make than lemonade. You just add four or five parts of water to Grape Ola Concentrate. No sugar is required. A dash of lemon juice sharpens the taste.

You do not drink Grape Ola Concentrate itself. The right proportion of water gives the right taste.

A sample of Grape Ola Concentrate, sufficient to make seven or eight Grape Ola Hy-balls, will be mailed to any physician, resident doctor, superintendent, steward, or nurse of any hospital or sanitarium, upon receipt of twenty-five cents to cover mailing cost.

GRAPE OLA PRODUCTS CORPORATION
12 West 22nd Street New York, N. Y.

1 QUART makes 30 Glasses

already taken, the place priorly occupied in the professional regard by phenol and mercuric bichloride. And there are good reasons why they should. For, speaking generally, they have the element of safety that the older antiseptics have not; the irritant and even caustic proclivities of phenol and bichloride were serious disadvantages militating against their usefulness, leading often to mishap, leaving a wish for something in the way of a germicide that might be less hazardous to use. And now we have the chlorine-bearing compounds referred to, come as if in response to the long-felt desire.

One of these compounds is sodium hypochlorite. The preparation known as Hyclorite is a concentrated solution of this salt. It is being offered by the Bethlehem Laboratories, of Bethlehem, Pa. Samples may be had by those interested.

From year to year patient, clever inventors continue to give us better electrical equipment for use in medical diagnosis and treatment, making changes in old prior models, improving some feature or other of the mechanism, until an end-result is achieved that seems all one could reasonably desire.

The radiographic transformer, quite a necessary equipment in any office at this time, has especially been subject to scrutiny and study with the view to making it sufficient in every detail, even to the very smallest.

Along with others in their field, the Victor Electric Corporation have reached a high plane of efficiency. They make an excellent line of apparatus, transformers and kindred apparatus. Old in the field, and widely known, they need little boosting as manufacturers of electrical helps for the doctor. Since they started, some fifteen or eighteen years ago, numerous others have appeared in competition with them, with alleged patents superior to any, but the Victor people have held their own, with increasing sales.

They issue a large illustrated catalog which they will send to such of our readers this month who happen to be interested in this subject.

The need for some effective means of rendering suspicious water drinkable, other than boiling, is frequently impressed on one in the summer months more than at other times, when the public is warned in different places to boil all water used for drinking. Here in Chicago the water supply is contaminated at the present time; tests made with water at the several cribs in Lake Michigan show the presence of harmful micro-organisms, and warnings have been published by the department of health to this effect. Boiling is advised, as a precautionary measure.

But boiling one's drinking water is not always possible nor convenient, and boiled water is hardly a satisfying beverage. Hence that expedient is better wherein a bactericide is added to water with the view to destroying the disease organisms which it might contain. This is possible by means of Halazone, the Dakin chlorine-bearing agent. Each tablet suffices to sterilize one

Two Points

of necessity in a doctor's office—

A Paper of Pins

and a box of

Tyree's Antiseptic Powder

One Holds and the other Heals.

The holding power of the pins you know about. The healing power of the powder is greater because it never slips out. This useful little utility will be ***mailed free*** to doctors upon request.

TYREE'S
PULV. ANTISEPTIC
COMP.
(ANTISEPTIKOS)
FROM ONE TO FOUR TEASPOON FULLS TO BE ADDED TO A PINT OF TEPID WATER AND USED FREELY TWO OR THREE TIMES A DAY
J. S. TYREE
CHEMIST
WASHINGTON, D. C.

J. S. TYREE, CHEMIST, Inc.

Washington, D. C.

The Case For Coffee

Number Seven

We owe to Pavlov, and other eminent seekers after physiological truth, the knowledge of the value of mental stimulation in producing the so-called "appetite juice" without which gastric digestion cannot be efficiently performed. Hence we can understand why and how, to most individuals, the thought, anticipation and odor of the morning cup of coffee is of practical value in bringing about the proper enjoyment and digestion of what is or should be the most important of the daily meals.

"Without coffee," wrote a wise doctor, "breakfast is a meal instead of an institution." The craving for the matutinal cup of coffee is not a cry of the body for a stimulating drug, not the prompting of a bad habit. It is a physiological demand for aid in the performance of normal digestion.

Nature is wise in her provision of coffee to begin the first meal of the day, to awaken and activate digestive processes made dormant during the period of the body's lowest vitality. Also of coffee after dinner to assist in the digestion of the heaviest meal when functions are depressed as a result of the day's struggle. If coffee be a habit—so is appetite. One is almost as helpful and as necessary to the average individual as is the other.

Realizing these *facts*, physicians will be slow to condemn or to forbid the use of coffee—in moderation—because of certain fallacies of half-truths, promulgated by those who neither analyze nor weigh the evidence, or who are influenced by prejudice, selfish interest or exploitation of substitutes for "Nature's most prized beverage." More anon.

Copyright 1920 by the Joint Coffee Trade Publicity Committee of the United States

quart of water against typhoid and other water-conveyed disease germs, thus making it safe for consumption.

The Abbott Laboratories are doing their best to meet the largely increased seasonal demand for this agent.

This is the day of ready-prepared goods, of foods in packages that are available for use in a minute or two, without cooking. Present living conditions have made a market for these things, among them the socalled breakfast foods to which it is only necessary to add cream and sugar preparatory to eating. These latter have taken the place of good old-fashioned oatmeal in many a family.

Grapenuts is a well-known example. It came into the market early in recognition of the demand and, being satisfactory from the standpoint of taste and nutritive properties, has successfully held its own against many innovations.

Those of our readers who are not familiar with Grapenuts should write for samples, which are freely furnished on request to the Postum Cereal Company, of Battle Creek, Michigan.

The dispensing doctor has need of course for containers. It is true that the alkaloidist, largely using as he does, tablets and granules rather than fluids, is not so heavy a consumer of bottles as other practitioners, still he cannot do without them entirely. There are always times when solutions are advisable. All remedies are not available in dry form. Some are better given in solution, even though they can be dispensed in other forms. And besides the preference of one's patients must up to a certain point be regarded; there are patients who insist on having their medicines fluid, stoutly declining tablets, granules and capsules.

In emergencies when quick action is wanted from the indicated remedy, it is often best as we know to administer it in solution. Experience has shown that some remedies act more quickly in this form, and in general it is reasonable that such should be the case.

Bottles then are quite necessary. Where are they to be had? Well, the Owens Bottle Company makes them. They are said to be the largest makers of bottles in the world. Bottles may be had in case lots and presumably in gross lots. Those interested are invited to write for prices on bottles of various styles and sizes.

An old household remedy, with long and faithful usage to recommend it, as well as generations of families to vouch for its efficacy, is camphor. For years after accidental cuts, punctures, abrasions, and other hurts, people have applied camphor, usually as an alcoholic solution. The belief has held firmly that its immediate application would forestall infection and suppuration. What is more, experience proved it to be anodyne in a measure, diminishing the pain, ache or sting following injury.

One infers that someone seized on this idea and, with phenol in mind as an antiseptic of tried virtue, conceived what is now known as

CALCREOSE

Gastrointestinal Infections

PHARMACOLOGISTS and clinicians are agreed that one of the special indications for the use of creosote is as an intestinal antiseptic in cases of gastrointestinal infection. In fact, the therapeutic efficacy of creosote has sometimes been ascribed to its action as an ideal intestinal antiseptic. Unfortunately, however, creosote cannot be taken in sufficiently large doses to produce a marked action. It causes gastric irritation and distress, even nausea.

CALCREOSE contains approximately 50% of pure beechwood creosote. It can be taken in large doses (as high as 160 grains per day) and for a long time without causing any gastric irritation and yet not lose any of the therapeutic effect of the contained creosote. Therefore, Calcreose is an ideal remedial agent for use in gastrointestinal infections.

Why not improve your results by prescribing CALCREOSE?

Write for further details

THE MALTBIE CHEMICAL CO. -:- NEWARK, N. J.

It's Easy to Overcome Many Disorders When Their Cause Is Recognized

PHYSICIANS now generally recognize that improperly-selected and badly-prepared food may predispose to Brights disease, diabetes, rheumatism, blood pressure changes, tuberculosis, rickets and cachetic conditions, neurasthenia, anemia and all forms of indigestion, malnutrition and mal-assimilation.

In any of these disorders it is highly desirable to increase the digestability of the food, and prevent pathological deviations in the isomeric transformation of the proteid molecule.

Food that is "slow fried,"—that is saturated with grease, lard and other fats that cannot stand high temperatures without burning—is an actual exciting cause of many abnormal conditions.

Mazola is capable of being heated to a temperature of 650° or more before burning. Meat, fish and other food fried in Mazola, have their surfaces seared over almost instantaneously. There is no loss of odor or flavor; and there is only a minimum of absorption of this oil form.

Patients troubled with flatulency, who suffer from gastric and abdominal distress after eating, usually improve when their food is prepared with Mazola, instead of animal fats or ordinary cooking compounds.

Mazola is a perfectly splendid salad oil, sweet and bland, and very readily assimilated in this form.

Order your patients to prepare their food with Mazola, Doctor, and note the rapid improvement in their condition.

CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York City

MAZOLA IS SOLD BY ALL GROCERS EVERYWHERE

Campho-Phenique. At any rate the combination is here and in wide demand. It is supplied in liquid, powder and ointment form, to suit the various needs as they present in the office of the physician. Many of our readers have used it. Those who have not might advantageously write for samples, addressing the makers, in St. Louis.

It is the exceptional doctor who has a complete laboratory of his own and facilities for making blood, urine and other examinations. The average doctor has not the equipment, nor time, nor inclination for such work in its entirety. He uses the services of some large laboratory which serves hundreds like him with diagnostic data of all sorts. Such a place is the Columbus Laboratories, 31 North State St., Chicago, which we are told have been in existence more than twenty-seven years. They are well known to the local medical profession and also to some extent nationally, having served in this long time a great many out-of-town doctors.

The leaflet sent out indicates a complete service, at fees that are reasonable enough one must admit. Specimens of urine, sputum, pus, gastric contents, and other fluids may be sent in for examination as well as smears, feces and tissue. Blood counts are made, and the recognized tests for diagnosis of typhoid fever and syphilis. Such commodities as water, milk, ice, flour and foods may be submitted for analysis and determination of purity or adulteration, as the case may be. Drugs and proprietary medicinals are analyzed for potency and contents, as well. Organs may be sent in for toxicological examination. Assays are made; dietetic formulas prepared; autovaccines elaborated.

A fee-bill and instructions for mailing of specimens may be had on request.

As if by magic in some syphilitic cases do surface lesions disappear under treatment with salvarsan, wherefore it is natural that this arsenic preparation should have found almost immediate and universal acceptance.

Still there are cases in which it may not be given without risk. In fact many physicians are afraid of it; in some instances this fear extends not only to salvarsan but also to all other medi-

---

For Hemorrhoids

Use Healing Hemorrhones

A standard among physicians for over 20 years.

Contain Isarol, Creosote, Hydrastis, Acetanilid, Stramonium.

SUPPLIED IN BOXES OF 24 and 100.

Introductory offer of 100 for $1.90 post paid on receipt of price.

C. B. MOYER & CO.

140 N. 11th Street Philadelphia, Pa.

SPIROCIDE

A New Mercurial Treatment for Syphilis

BY FUMIGATION AND INHALATION ONLY

NO NEEDLE—NO INUNCTION—NO STOMACHIC MEDICATION

NO APPARATUS NECESSARY — TECHNIC SIMPLE

SPIROCIDE CORPORATION

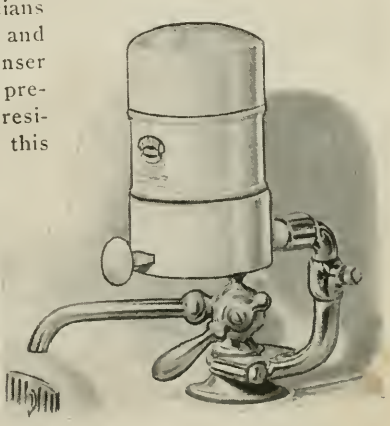
153 W. 23d St. - - New York City

Let Us Send You This Free Sample Can of

THORO
SKIN CLEANSER
It's Better Than Soap

Doctor, we want you to try THORO at our expense. We want you to try it on your own hands and see how soft and smooth it makes them. You will be surprised. THORO is a remarkable combination of sterilized corn meal, olive oil and boracic acid. It comes in a nickel top refillable 4 ounce container, fresh to your hands—the first it has ever touched. It makes a delightful creamy lather which removes every trace of dirt. No matter how often you wash your hands you will find THORO prevents chapping and cracking of the skin. It is fine for bath, face, shampoo, and for all toilet purposes. Dr. H. J. Achard of the Clinical Medicine staff, says: "THORO is the best thing for shaving I have ever used." Doctor, send for a package today. It's free.

We also supply THORO in one pound packages at $1.00, and a beautiful white enamel dispenser for $3.00. This should be in every doctor's office, every hospital and public institution. To physicians desiring to install THORO in their offices and homes, we will send installation outfit of dispenser and one pound package of THORO in carton, prepaid, for $3.50. Two THORO outfits, one for residence and one for office, may be ordered at this price.



THE THORO CORPORATION
225 W. Huron St., Chicago, Ill.
Dept. L.

☐I enclose $..... for which send me..... Combination Outfits for THORO installation.
☐Please send me Free Sample 4 oz. package.

Name .....

Address .....

caments meant to be given intravenously. Certainly, the giving of remedies by the intravenous route requires some degree of skill not commonly possessed.

But it now transpires that salvarsan may be given per rectum. Suppositories called Supsalvs, have been devised for this purpose. (See our advertising section.) So given, salvarsan is said to be scarcely less effective than when injected. The advantages are apparent: no pain or puncture nor local irritation, nor too abrupt impress on the vital organs.

Best results are had, it is said, by using these suppositories of the arsenic salt conjointly with inunctions of mercury. Those interested should write to the Anglo-French Drug Co., 1270 Broadway, New York City, for particulars.

The use of bran for overcoming or forestalling constipation is pretty generally conceded. But ordinary bran is neither attractive to the eye nor to the palate; nor is it kind to the bowel.

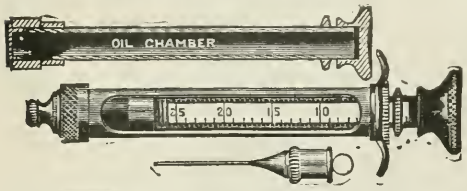
Its faults, however, are removed in the Kellogg product, we are told. In the process used the bran is first carefully cleansed of extraneous material; then cooked under pressure; then dried in rotary drums; then shredded between grooved rollers; and finally toasted over gas burners within huge ovens.

The result is an article vastly different from the ordinary, as may easily be believed, an article different both in appearance and taste. Kellogg's Krumbled Bran, served with sugar and cream, is actually palatable, as the most finical admit. And within the alimentary tract it never irritates to the point of griping.

It makes excellent bread, muffins and griddle cakes, as well.

Analysis shows the bran to contain the following elements: moisture, 2.5%; protein, 15.4%; fat, 2.2%; fibre, 9.9%; ash, 8.4%; carbohydrates, 60.4%. From this it is apparent that it has considerable food value.

Since the great war, several changes have taken place in the affairs of some well-known pharmaceutical concerns: interests have changed hands and new firm names indicate new ownership, from which the teutonic feature is removed. Thus Veronal, by which name diethylbarbituric acid was introduced and sold in pre-war times, is now being offered to the profession by the Win-



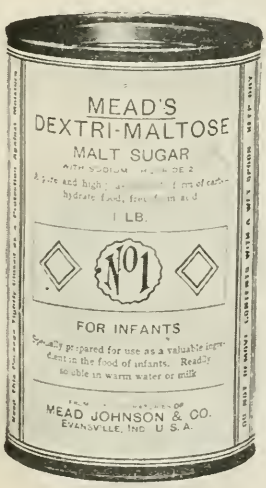
Our Hypodermic Syringes all have the new style HOLLOW Pistons which are filled with oil clear to the outer ends, so that the packing NEVER dries out, the Pistons NEVER work hard, the Syringes NEVER leak, and the oil being 5% carbolated, keeps the Syringes automatically asceptic without boiling, and, if broken, these Syringes can be repaired on the spot by the physician himself.

☛ Pistons of old style Syringes replaced with our new HOLLOW Piston and returned promptly.

THE WESTERN SUPPLY CO. Canton, Ohio

N. B.—Send for our new descriptive Catalogue and also for free sample of our Gold Medal Special Needles.

DIET IN INFANTILE DIARRHEA



Mead's Dextri-Maltose Nos. 1 and 2 are used by many pediatricians as constituents of feeding formulas presented in certain forms of diarrhea and for diet while recovering from diarrhea and for children predisposed to diarrhea.

An interesting discussion of corrective diet reflecting the most recent research in this field will be sent you for the asking, together with sample of Mead's Dextri-Maltose and full information regarding its constituents and indicated uses. If you are bringing babies through the trying "first year," write for it.

The Mead Johnson Policy

Mead's Dextri-Maltose is advertised only to the Medical Profession. No feeding directions accompany trade packages. Information regarding its use reaches the mother only by written instructions from her doctor on his own private prescription blank.

THREE FORMS

No. 1. With 2% Sodium Chloride.

No. 2. Unsalted.

No. 3. Same as No. 2, plus Potassium Carbonate 2%.

MEAD JOHNSON & CO., 321 St. Joseph Ave., EVANSVILLE, IND.

ANNOUNCING

the new G-E Portable X-Ray Carriage

For hospital work a convenient carriage has been designed for use with the Coolidge Portable X-Ray Outfit.

This carriage consists of a rubber tired, three wheel chassis equipped with a foot brake for holding the outfit rigidly in position while radiographs are being taken.

On the chassis is a steel cabinet having a lead lined compartment for storing photographic material and another compartment for other accessories. The top of the cabinet is arranged for carrying the instrument box of the portable outfit. The tube stand and transformer are carried on the forward end of the carriage in such a position that all movements can be easily accomplished.

Address our Laboratory Products Division for further information and prices.

General Electric Company

General Office Schenectady, N.Y.

Sales Offices in all large cities

35B-42

throp Chemical Co., of New York. A half-page announcement of theirs appears this month in this and other leading medical journals.

The world needs hypnotics that is certain, and in the present stressful day has never had greater need for them. An increasing number of patients stand in want of artificially induced sleep and sedation; from year to year the nervous-hysteric class grows larger.

This company produces other medicinal chemicals besides the one referred to, although they are less well known, among them Sajodin, an iodine preparation which they recommend for all such cases as call for the iodides, claiming it is better borne than the latter; also, Helmitol, a urinary antiseptic. Those interested may have printed information on request.

So long as constipation is treated with drugs, cascara is likely to remain. Certainly it is highly regarded by the medical profession as a whole, despite the fact that faulty preparations of it have been marketed to some extent in the past, from which any very satisfactory action was scarcely possible. Those who prescribe or dispense cascara sagrada, especially in the fluid form, will do well to consider carefully the source of their preparation. Much depends on the care used in selecting the crude drug as commercially trafficed in, and much depends too on the expertness with which the extraction of its essential principles is done. Cascara at its best is an efficient laxative, with a secondary favorable action on the biliary apparatus. Even when used constantly or habitually it is less objectionable, in reference to ultimate effects tending to cripple the natural mechanism of the bowel, than most laxative drugs.

Kasagra is the coined word-name for the fluid preparation made by Frederick Stearns & Company, of Detroit. It is well and favorably known as the leader of this class of galenics. A sample may be had by writing the company.

There are people of the medical calling, and some of the ablest and most progressive, who affirm that disease-conditions now quite beyond help and without hope will one day be amenable to treatment with glandular extracts. Be this as it may, renewed interest in such

Pond's Extract

Regular sponging of the whole body every few hours with Pond's Extract, full strength, is one of the most effective means at the physician's command for relieving and preventing excessive sweating. The tonic action on the skin is pronounced and goes far to add to the patient's sense of comfort and well-being.

POND'S EXTRACT CO. New York and London

Profuse Sweating

"Thirty Years Good"

has been applied to

MICAJAH'S WAFERS

for use in

Leucorrhoea	Vaginitis	Cervical Erosion
Menorrhagia	Endometritis	Abortion Sepsis
Mild Prolapse	Varicose Ulcer	Pruritus, etc.

Their astringent, antiseptic, antiphlogistic, styptic, stimulating, deodorant, soothing and healing properties render them but safe and efficient, whether used as such, in powder or solution.

MICAJAH & CO., Warren, Pa.
Send samples of Wafers, literature and booklet, "Diagnostic Aids."

M. D.

(B)

Ethically advertised only, their use is steadily increasing

MICAJAH & CO.
Warren, Pa.

VICTOR

SINGLE LEVER CONTROL "VICTOR"

Victor engineers have evolved, from the more recent requirements in modern x-ray apparatus, the most simplified and efficient application of certain electrical and mechanical principles—

VIZ.:

The Victor Auto-Transformer Control as incorporated in Victor Interrupterless X-Ray Transformers is the only one available today that gives the operator complete control, including the finest adjustment, *with a single lever.*

Why consider operating any type of auto-transformer control with more than a single lever? Why subject yourself to complications in technique and danger of tube destruction when with single lever control—VICTOR SINGLE LEVER CONTROL—a finer control and regulation is available.

"Whatever it is, let it be the best," is a slogan of Victor engineers that is reflected in every Victor product. It makes for our absolute confidence in the apparatus to meet the most exacting requirements, and assures you permanent satisfaction in the use of the equipment.

VICTOR ELECTRIC CORPORATION

Manufacturers of Roentgen and Physical Therapy Apparatus

CAMBRIDGE, MASS.
66 Broadway

CHICAGO
Jackson Blvd. and Robey

NEW YORK
131 E. Twenty-third St.

Sales and Service Stations in All Principal Cities

agents is plain to all who read the journals or attend society meetings. The application of the several glandular principles (hormones) in one form or other is being discussed. A leading eastern medical publication recently devoted two successive numbers to articles on the use of thyroid, pituitary and other extracts derived from the ductless glands.

It is known that the glandular hormones in certain instances support each other or act in concert toward a definite physiologic end. This observation has led to what is called pluriglandular prescribing in which two or more of these agents are given conjointly. An example is Hormotone, offered by the G. W. Carnrick Co., 21 Laight St., New York City. Representing the thyroid, pituitary and gonadal glands, this preparation is said to be most effective in the treatment of conditions in which asthenia, suboxidation and debility are outstanding.

For Neuritis Try This—One tablet of Cinchophen every six hours, in a half glass of water. A physician whom we met at the New Orleans meeting of the American Medical Association says this is the medication which has given him best results.

For Asthma—In an editorial in the January number of the *Medical World*, Benzyl Benzoate is recommended as giving good results in some cases of asthma. Use the Abbott 2-grain tablets, or Elixir Benzyl Benzoate (Abbott).

A New Treatment for Tuberculosis

APHLEGMATOL

The result of ten years' experimental work on the part of PROF. DOMENICO LO MONACO, Director of the Institute of Physiological Chemistry of the Royal University of Rome, in the use of injections of CARBOHYDRATES. Employed successfully in many cases. Reduces expectoration, fever, cough, night sweats and vomiting. Satisfactory results are almost always secured after TEN DAYS' treatment. Prepared in the laboratory of Prof. Lo Monaco in Rome.

APHLEGMATOL is furnished in 2½ cc. ampoules, in boxes of 20.

Literature and complete information on request.

AMERICAN AGENTS

G. GIAMBALVO & COMPANY

293 Bushwick Avenue, Brooklyn, N. Y., U. S. A.
Sole American Agents
Distributors Wanted in Every City

Roemer Tension Table

AND

Perfect Radiant Lamp

FOR

Removal of Chronic Trouble

Send for Literature and Prices

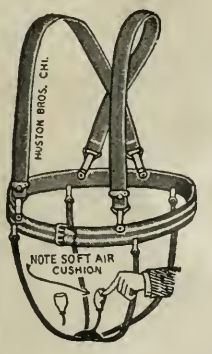
Patents Pending

Physicians Supply Company

Kirk Building — WAUKEGAN, ILLINOIS

PRE-WAR PRICES

2 Indestructible Jars 30 "Cases" $1.00 Postpaid



Our Neverslip Cord gives satisfaction in every instance. Our prices are the same as they were years ago. Two indestructible jars (30 cases) only $1.00 postpaid. Our mail orders are steadily increasing from physicians for this most meritorious article. Unquestionably it is a definite aid in Obstetric technique. This is the only round cord that will not slip, will not cut, and will always hold.

Trade Mark

UTERINE DISPLACEMENTS

easily corrected by

Bairds Air Cushion

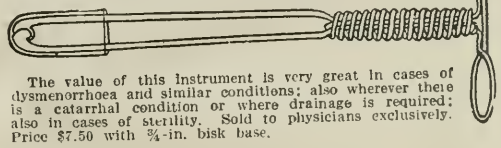
Price to physicians is $5.00 complete or $3.00 without the shoulder attachments. Money back if you are dissatisfied.

The Obstetrical "Shoe Horn"

Anatomically correct as regards size and shape. In cases where the foetal head engages against the Symphysis pubes instead of emerging directly toward the birth canal, this instrument will be found worth its weight in gold. The head of the foetus may be readily deflected towards the canal. Eliminates hours of suffering and danger. Price, $5.00.

The Ideal Pessary [Solid Gold]

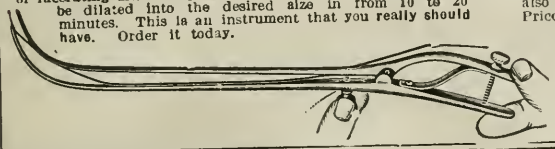
No possibility of injury from corrosion. Not the slightest irritation. Absolutely safe and sure. Inserted very easily.



The value of this instrument is very great in cases of dysmenorrhoea and similar conditions; also wherever there is a catarrhal condition or where drainage is required; also in cases of sterility. Sold to physicians exclusively. Price $7.50 with ¾-in. bisk base.

Ask Any Physician

who has used the new Johnson Kollman dilator, and he will tell you that it is a very meritorious instrument. This very simple and satisfactory Urethral Dilator and Catheter combined positively will do the work of the $50 Kollman instrument. It costs you only $12.50. Can be used without danger of lacerating and will pass through very tight strictures. Can be dilated into the desired size in from 10 to 20 minutes. This is an instrument that you really should have. Order it today.



HUSTON BROS. CO.

30 E. Randolph St. Chicago, Ill.

Soothe Pain by the Skin Route

Effective counter-irritation together with the cutaneous absorption of methyl salicylate, which assures analgesia without stomachic disturbance or cardiac depression, is secured by

BETUL-OL

a 2% solution of chloro-menthol in a methylester of the salicylic radical. For local application in

Neuralgia	Myalgia	Sciatica	Rheumatism
Sprains	Colic	Sore Throat	Stiff Joints

Prompt and prolonged in action and effect

Manufactured by

Anglo-American Pharmaceutical Corp.

London and New York

E. Fougera & Co., Inc.

90-92 Beekman Street

New York City

DIABETES MELLITUS—THE BEST STARCH-FREE, sugar-free diet is Diaprotein—a prepared casein flour. Two weeks' supply $2.95. Directions and recipes with each package. Please mention CLINICAL MEDICINE. The Diaprotein Company, 234 W. Randolph St., Chicago.

PRE-WAR PRICES ON SURGICAL SUPPLIES. Send for catalog to Huston Bros. Co., 30 E. Randolph St., Chicago, mentioning CLINICAL MEDICINE.

ALWAYS READY—THE MORNEAU SANITARY Thermometer Case—always sterilized—no washing necessary—equipped with the Morneau One-Minute Thermometer. Order from your dealer or direct from Morneau Sanitary Thermometer Case Company, Appleton, Wis. Mention CLINICAL MEDICINE.

ULCERATIONS—HOW DO YOU TREAT THEM? Send for Literature, Case Reports and Samples of Dionol. Mention this journal. The Dionol Company, 864 Woodward Ave., Detroit.

ACNE—TRY DERMATONE—SEND FOR LITERATURE to Chicago Pharmacal Co., 645 St. Clair St., Chicago.

BOOK BARGAIN—THREE DOLLARS FOR ONE—the works of Dr. Geo. F. Butler, teaching sex knowledge for the boy and girl—in line with the thought of the day. Three books for One Dollar—"Every Boy's Book," "Every Girl's Book," and "Exploits of a Physician Detective." Terms cash with order. Money back if not satisfied. THE AMERICAN JOURNAL OF CLINICAL MEDICINE, Chicago, Ill.

UMBILICAL TRUSSES—NEW—THE BEST MADE. Infant's soft pads, $1.50; children's soft pad, $3.00; adult's soft pad, $6.00. Money refunded if not satisfied. Reference CLINICAL MEDICINE. The Empire Mfg. Co., 7 Spring St., Lockport, N. Y.

ANATOMY—ANATOMY IS EASILY TAUGHT with the Smith Indestructible Manikin. 33 dissecting plates made of steel—therefore unbreakable. Price $35 complete with cabinet, money back if not satisfied. Order now, mentioning CLINICAL MEDICINE, who recommend this manikin. Address American Manikin Company, 238 W. 34th St., New York City.

FREE—"ELECTRO-THERAPY IN THE ABSTRACT." Send for this booklet today. Please use this letterhead and mention THE AMERICAN JOURNAL OF CLINICAL MEDICINE. The Thompson-Plaster Co., Leesburg, Va.

MALT SOUP—FREE FROM ALCOHOL. SEND FOR a sample of the famous Borcherdt malt soup extract. Please mention CLINICAL MEDICINE. Borcherdt Malt Extract Co., 221 N. Lincoln St., Chicago.

THE FUTURE OF THERAPEUTICS—A REPRINT of this important article will be furnished free on request. Address New York Intravenous Laboratories, 110 E. 23rd St., New York City. Mention CLINICAL MEDICINE.

AGAR-AGAR—FOR CONSTIPATION. COMBINED with phenol-phthalein in Analax—the Fruity Laxative. Test quantities free to physicians. Supplied in boxes of 100 pastilles for dispensing. Address McKesson & Robbins, Inc., 91 Fulton St., New York City.

DIAGNOSTIC AIDS"—FREE BOOKLET WITH samples of Micajah's wafers for uterine troubles. Mention this journal. Address Micajah & Co., Warren, Pa

FRACTURES—REMARKABLE RESULTS ARE SECURED with the Ambulatory Pneumatic Splint. Illustrated folder free. Write today to the Ambulatory Pneumatic Splint Co., 30 C. East Randolph St., Chicago.

REFRACTION—HOME P. G. COURSE INCLUDING refractometer. 8 weeks in all. Only $30.00. Highly recommended by physicians. Address, Dr. D. A. Crawford, 303 State St., Guthrie Center, Iowa.

PULMONARY INFECTIONS—HAVE YOU TRIED Breons Guaisodide composed of Guaicol and Sodium Iodide. Supplied in 6-20 cc. ampoules to the box. Price $6.00 per box. Address, Geo. A. Breon & Co. Kansas City, Mo. Please mention CLINICAL MEDICINE.

X-RAY APPARATUS ON THE PARTIAL PAYMENT plan. Latest types, big values, neat, compact, powerful. Investigate. Address H. G. Fischer & Co., 2337 Wabansia Ave., Chicago. Mention this journal.

FREE—Send for a copy of an illustrated booklet and literature to the Sterling Therapeutic Lamp Co., 540 Garfield Ave., Desk P., Chicago, regarding the value of the Sterling Therapeutic Lamp in skin diseases. Kindly mention CLINICAL MEDICINE when writing.

Mouth Disinfection

THE great importance of paying particular attention to the mouth was conclusively shown during the influenza epidemic of the past two winters. *In the healthy*, keeping the mouth clean, and as free from bacteria as possible, was found to greatly reduce the liability of contracting disease. *In the infected*, routine mouth disinfection served its greatest purpose by decreasing the danger of their becoming carriers and conveying infectious material to others.

As a dependable means of accomplishing the foregoing

Formamint

conclusively proved their value. Their frequent use, by both the well and the sick, helped materially to limit the spread of communicable diseases, especially in many a home where the intimacy of family conditions essentially increased the dangers.

In Formamint Tablets the practitioner of medicine has a convenient and effective means of disinfecting the mouth and throat that he will appreciate more and more as he realizes the prophylactic importance of the service they render.

A liberal trial supply will be sent to any physician on request

The Bauer Chemical Co., Inc.

115 West 18th St., New York City

Face Fallacy with Fact

Repetition and reiteration of erroneous conclusions arrived at without logical deduction and study of actual facts, circulate fallacies which often handicap and hinder the physician in his efforts to do the best thing for his patients.

IT IS A FACT

that Borden's Eagle Brand constitutes, when properly diluted and given, an adequate, properly-balanced, safe and satisfactory food for infants from birth up to one year of age. This has been incontrovertibly established by the records and results of our Baby Welfare Department and experience of physicians and nurses all over the world.

IT IS A FALLACY

that condensed milk is dangerously deficient in fat. That its sugar content is excessive and unsafe. That its use predisposes to rickets or malnutrition. That it should not be used for infant feeding. To face such fallacies with facts, in the interest of the medical profession, mothers and children, will be the object and accomplishment of subsequent advertisements in this space.

See this space in October number.

THE BORDEN COMPANY
Borden Building New York City

Borden's
EAGLE BRAND
Condensed Milk

To Diagnose Between 'tis and 'tisn't

is not difficult in the case of

ALKALOL

Alkalol is a cleverly selected combination of necessary physiological salts, in hypotonic solution of correct alkalinity and proper salinity.

Hence it feeds instead of exhausts mucous membrane cells, restores secretory activity instead of overstimulating, reestablishes normal secretion instead of inducing catarrh, tones up instead of relaxing tissue, overcomes congestion, is soothing, healing and economical.

Alkalol is efficient in spray, gargle, mouth wash, injection, irrigation, wet dressing, or internally.

Alkalol is something different because it removes the causes, and thus is able to secure results.

For literature and sample, address

THE ALKALOL CO. **Taunton, Mass.**

NOW ENTIRELY AMERICAN

MADE BY THE ORIGINAL PROCESSES

Sajodin

PALATABLE and EFFICIENT
IODIN MEDICATION

Especially for Prolonged Use as in
ARTERIOSCLEROSIS

and when Iodides disagree

Adalin

THE SAFE and DEPENDABLE
HYPNOTIC and SEDATIVE

For Treatment of the Common Forms of
INSOMNIA

and for Nervousness

VERONAL and VERONAL-SODIUM

The Well-Known Hypnotics

Sold Exclusively by
WINTHROP CHEMICAL COMPANY, Inc.
189-191 FRANKLIN STREET NEW YORK, N. Y.

CAMPHO-PHENIQUE

ANTISEPTIC DRESSING
LIQUID-OINTMENT-POWDER

Response of Certain Skin Inflamations
To Applications of

CAMPHO-PHENIQUE

Points clearly to the market value of this agent in dermatoses. CAMPHO-PHENIQUE has decided germacidal properties and is also an antipruritic of more than usual power.
In chronic eczemas, attended by irritations, CAMPHO-PHENIQUE applied several times daily will give gratifying relief and help in restoring the skin to a normal state.

Samples and Literature on request.

CAMPHO-PHENIQUE LIQUID, small size 30c, large size $1.00
CAMPHO-PHENIQUE POWDER, small size 30c, large size 75c

Campho-Phenique Co., St. Louis, Mo., U. S. A.

ANALAX

An Ideal Laxative

for Children

IDEAL because they look like gum drops and taste like candy. They have a gentle yet effective action —non-griping— and are far better than oil. Also fine to prescribe for elderly persons of delicate health.

Analax contains juices of sun-ripened fruit and Agar-Agar combined with phenol-phthalein.

Test quantities gladly sent to physicians upon request. Box of 100 pastilles to hospitals.

McKESSON & ROBBINS, Inc.

Manufacturing Chemists

Established 1833 91 Fulton Street, New York

TESTOGAN

For Men

THELYGAN

For Women

Formula of Dr. Iwan Bloch

After five years' clinical experience these products stand as proven specifics.

INDICATED IN SEXUAL IMPOTENCE AND INSUFFICIENCY OF THE SEXUAL HORMONES

They contain SEXUAL HORMONES, i. e., the hormones of the reproductive glands and of the glands of internal secretion.

Special Indications for Testogan:
Sexual infantilism and eunuchoidism in the male. Impotence and sexual weakness. Climacterium virile. Neurasthenia, hypochondria.

Special Indications for Thelygan:
Infantile sterility. Underdeveloped mammae, etc. Frigidity. Sexual disturbances in obesity and other metabolic disorders. Climacteric symptoms, amenorrhea, neurasthenia, hypochondria, dysmenorrhea.

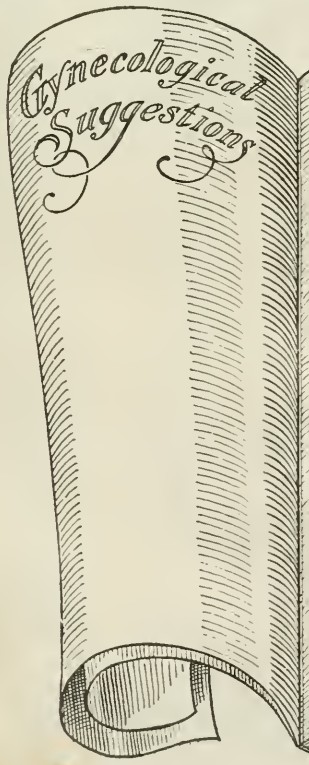
DIRECTIONS: A tablet three times daily after meals. (Also in ampules for intragluteal injections)

EXTENSIVE LITERATURE ON REQUEST.

CAVENDISH CHEMICAL CORPORATION

Sole Agents

220 West 43rd Street — *Established 1905* — New York



Gynecological Suggestions

Painful, suppressed or too profuse menstruation are symptoms appearing in many diseases and demand treatment as well as the fundamental causative factor. Opiates and habit-forming drugs have no justifiable place in the therapy of dysmenorrhea or menorrhagia. Hayden's Viburnum Compound is an anti-spasmodic and sedative as well as a uterine tonic and its action is purely physiologic.

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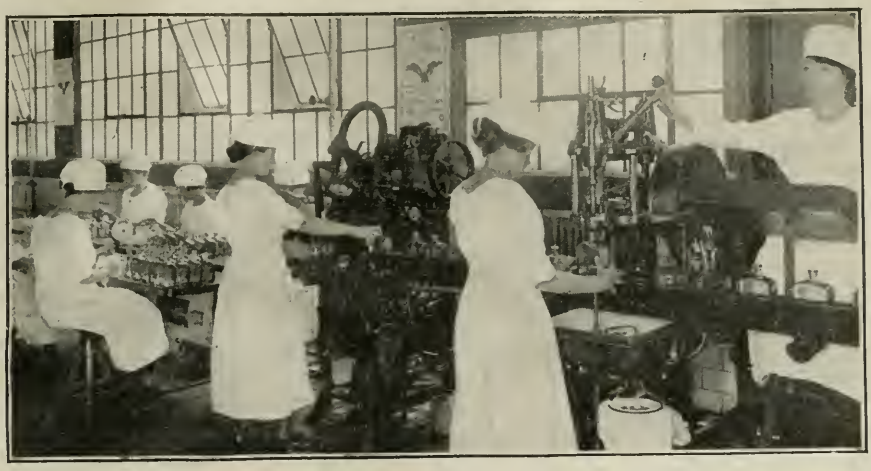

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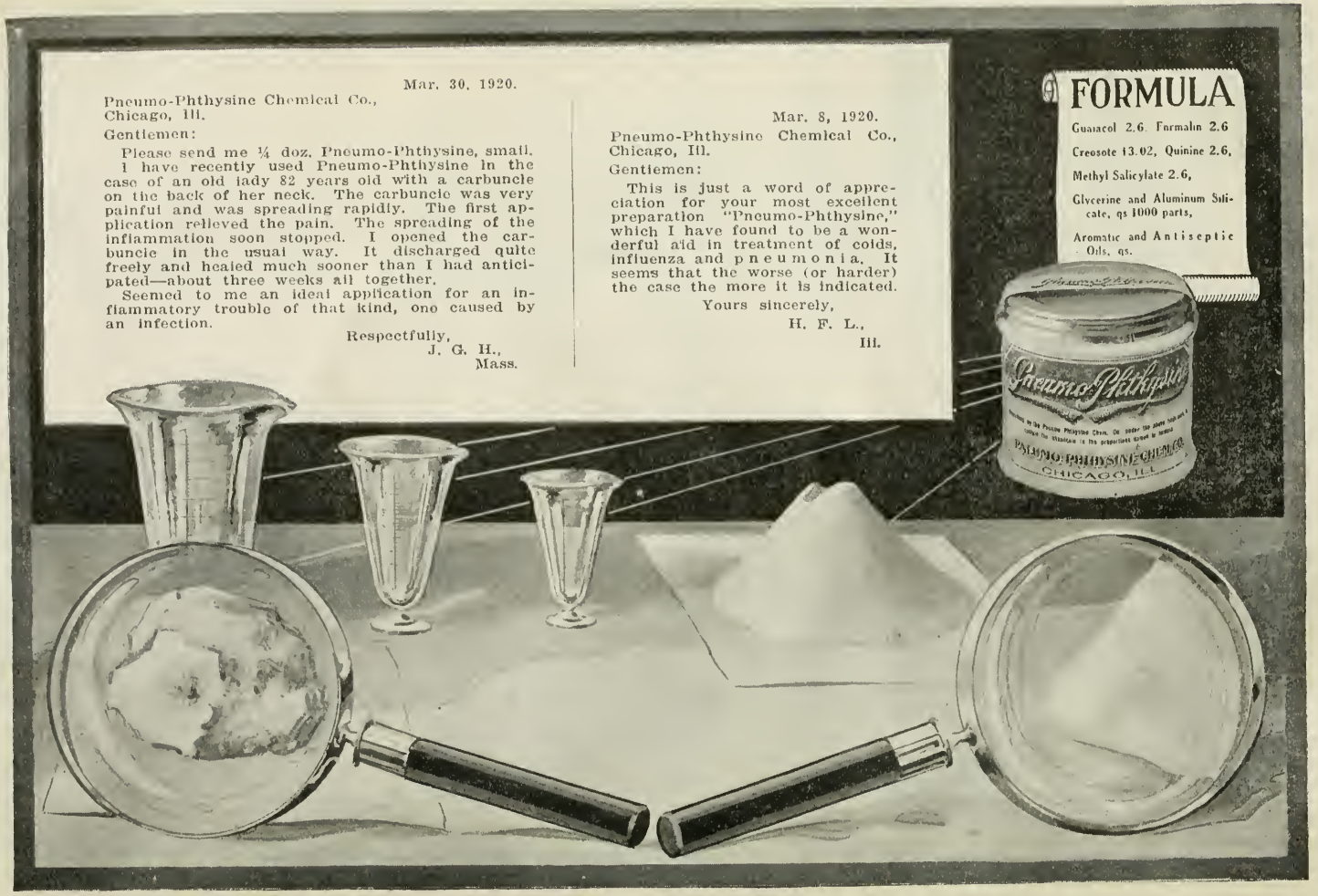
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I have recently used Pneumo-Phthysine in the case of an old lady 82 years old with a carbuncle on the back of her neck. The carbuncle was very painful and was spreading rapidly. The first application relieved the pain. The spreading of the inflammation soon stopped. I opened the carbuncle in the usual way. It discharged quite freely and healed much sooner than I had anticipated—about three weeks all together.
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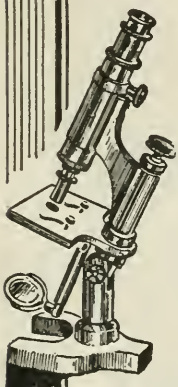
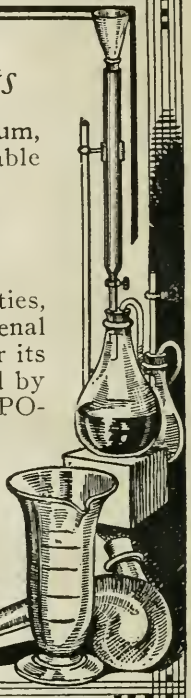


APIOLINE (CHAPOTEAUT)



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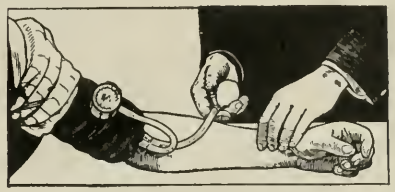

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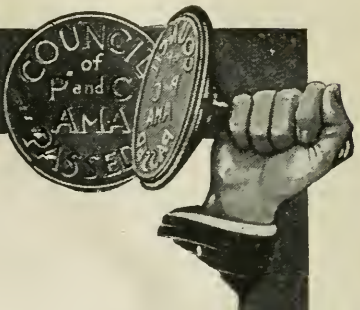

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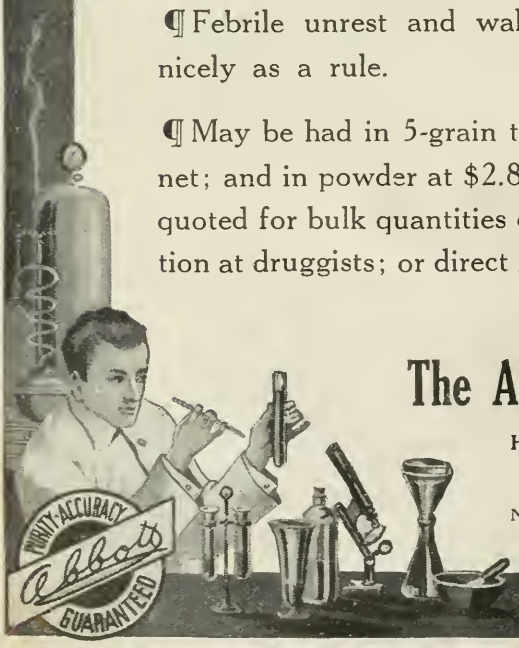

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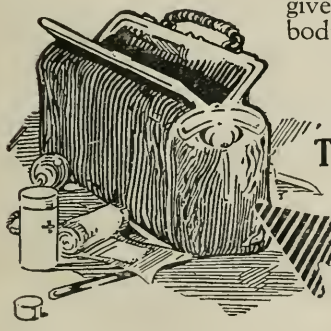

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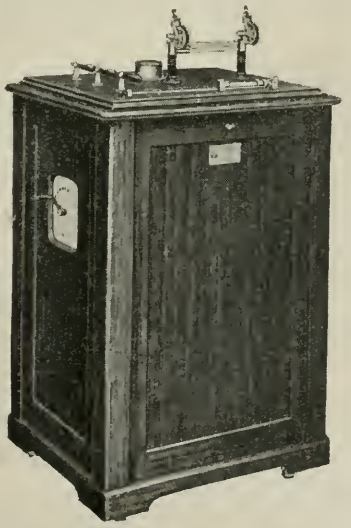

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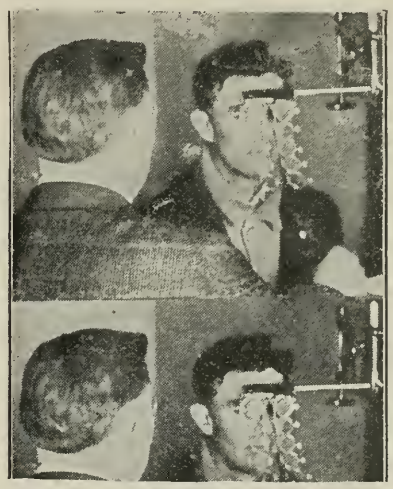

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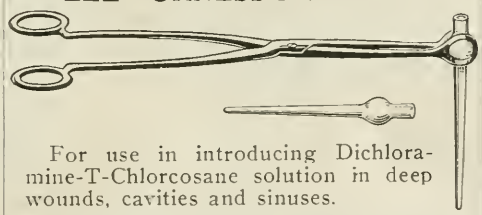

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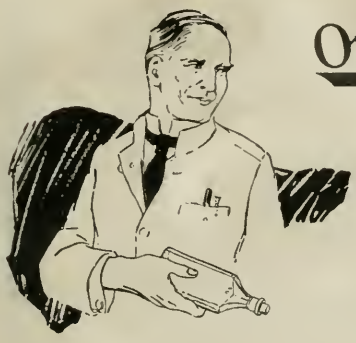

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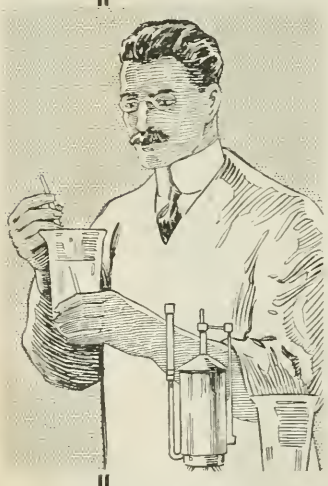

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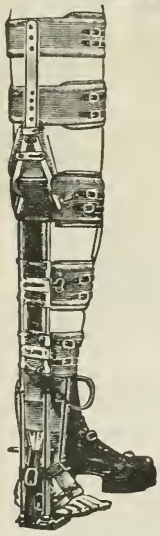

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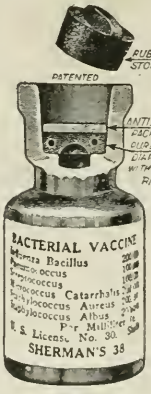

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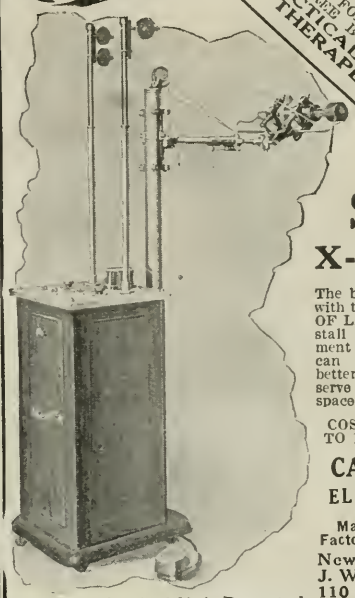

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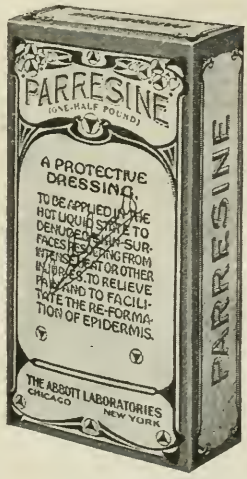

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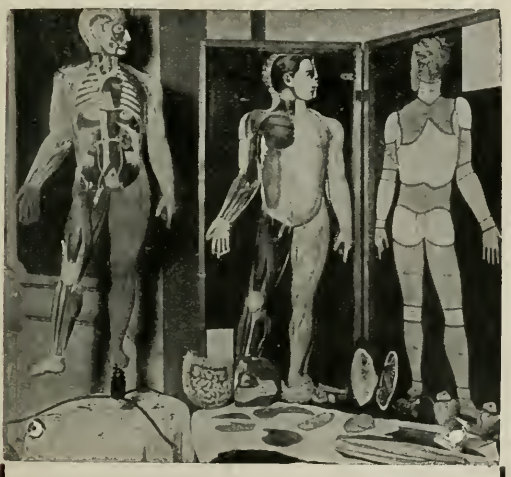

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